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

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

04808593038763

HORWITZ JO ANN
C/O ALAN HORWITZ
100 N WESTLAKE BLVD #201
WESTLAKE VILLAGE CA 91362

Creditor Telephone Number ( ) 805-494-4407

☐ 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

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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

3 IF COURT JUDGMENT DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM

$ 33,014.25	$	$	$ 33,014.25
(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 $ _____

☐ 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
Chi-Chi s Inc c/o BMC
P O Box 927
El Segundo CA 90245 0927

BY HAND OR OVERNIGHT DELIVERY TO
Chi-Chi's Inc c/o BMC
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY
FILED
JUN 04 2004
BMC

DATE SIGNED
6/1/2004

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)
Alan Horwitz
JO ANN HORWITZ

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

Chi Chi's Inc
00895

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.

- ☐ 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."

JO ANN HORWITZ

CLAIM

1	Agoura Family Chiropractic	$ 5,047 21
2	Dr Melvin M K W Hayashi, M D Inc	707 54
3	Gina Coltea (Massage Therapist)	3,330 00
4	Future Treatment Dr Hayashi	2,000 00
		$ 11,084 75
	PAIN & SUFFERING	21,929 50
	Total	$ 33,014 25

Page No 1 FOR 10222702 JOANN HORWITZ
06/01/2004 TRANSACTIONS DATED 11/23/2002 THROUGH 06/01/2004

HISTORY OF TRANSACTIONS

DATE	CODE	DESCRIPTION	TOT CHG	TOT EMT	BALANCE
11/23/02	IE	INTERMEDIATE EXAM	73.00		73.00
11/23/02	SF3	MANIF. 3-4 REGIONS	48.59		121.59
11/25/02	MFR	MYOFASCIAL RELEASE	44.28		165.87
11/25/02	SF1	MANIF. 1-2 REGIONS	39.00		204.87
11/25/02	US	ULTRASOUND	20.91		225.78
11/25/02	ES	IEEC STIM.(UNATTENDED)	18.45		244.23
11/25/02	OKS	ORTHO KNEE SUPPORT	39.00		283.23
11/25/02	MS	SUPPLEMENTS	30.00		313.23
11/27/02	MFR	MYOFASCIAL RELEASE	44.28		357.51
11/27/02	US	ULTRASOUND	20.91		378.42
11/27/02	ES	IEEC STIM.(UNATTENDED)	18.45		396.87
11/27/02	SF3	MANIF. 3-4 REGIONS	48.59		445.46
12/04/02	MFR	MYOFASCIAL RELEASE	44.28		489.74
12/04/02	SF3	MANIF. 3-4 REGIONS	48.59		538.33
12/04/02	US	ULTRASOUND	20.91		559.24
12/04/02	ES	IEEC STIM.(UNATTENDED)	18.45		577.69
12/07/02	SF3	MANIF. 3-4 REGIONS	48.59		626.28
12/07/02	ES	IEEC STIM.(UNATTENDED)	18.45		644.73
12/07/02	MFR	MYOFASCIAL RELEASE	44.28		689.01
12/07/02	US	ULTRASOUND	20.91		709.92
12/09/02	SF3	MANIF. 3-4 REGIONS	48.59		758.51
12/09/02	ES	IEEC STIM.(UNATTENDED)	18.45		776.96
12/09/02	MFR	MYOFASCIAL RELEASE	44.28		821.24
12/09/02	US	ULTRASOUND	20.91		842.15
12/11/02	MFR	MYOFASCIAL RELEASE	44.28		886.43
12/11/02	SF3	MANIF. 3-4 REGIONS	48.59		935.02
12/11/02	US	ULTRASOUND	20.91		955.93
12/11/02	ES	IEEC STIM.(UNATTENDED)	18.45		974.38
12/13/02	SF3	MANIF. 3-4 REGIONS	48.59		1022.97
12/13/02	US	ULTRASOUND	20.91		1043.88
12/13/02	MFR	MYOFASCIAL RELEASE	44.28		1088.16
12/13/02	ES	IEEC STIM.(UNATTENDED)	18.45		1106.61
12/18/02	MFR	MYOFASCIAL RELEASE	44.28		1150.89
12/18/02	SF3	MANIF. 3-4 REGIONS	48.59		1199.48
12/18/02	US	ULTRASOUND	20.91		1220.39
12/18/02	ES	IEEC STIM.(UNATTENDED)	18.45		1238.84
12/20/02	SF3	MANIF. 3-4 REGIONS	48.59		1287.43
12/20/02	ES	IEEC STIM.(UNATTENDED)	18.45		1305.88
12/20/02	IRE	INTERMEDIATE RE-EXAM	47.60		1353.48
12/23/02	MFR	MYOFASCIAL RELEASE	44.28		1397.76
12/23/02	SF3	MANIF. 3-4 REGIONS	48.59		1446.35
12/23/02	US	ULTRASOUND	20.91		1467.26
12/23/02	ES	IEEC STIM.(UNATTENDED)	18.45		1485.71
12/30/02	MFR	MYOFASCIAL RELEASE	44.28		1529.99
12/30/02	SF3	MANIF. 3-4 REGIONS	48.59		1578.58
12/30/02	US	ULTRASOUND	20.91		1599.49
12/30/02	ES	IEEC STIM.(UNATTENDED)	18.45		1617.94

FOR 10/22/02 - JOANN HOROWITZ
TRANSACTIONS DATED 11/25/2002 THROUGH 06/01/2004

HISTORY OF TRANSACTIONS

DATE	CODE	DESCRIPTION	TOT CHG	TOT PMT	BALANCE
12/30/02	CXU	MANUAL TRACTION UNIT	30.00		1647.94
01/03/03	MFR	MYOFASCIAL RELEASE	44.28		1692.22
01/03/03	SP3	MANIP. 3-4 REGIONS	48.59		1740.81
01/03/03	US	ULTRASOUND	20.91		1761.72
01/03/03	ES	TENS STIM.(UNATTENDED)	18.45		1780.17
01/14/03	MFR	MYOFASCIAL RELEASE	44.28		1824.45
01/14/03	SP3	MANIP. 3-4 REGIONS	48.59		1873.04
01/24/03	US	ULTRASOUND	20.91		1893.95
01/24/03	ES	TENS STIM.(UNATTENDED)	18.45		1912.40
01/25/03	SP1	MANIP 1-2 REGIONS	39.00		1951.40
01/25/03	US	ULTRASOUND	20.91		1972.31
01/25/03	MFR	MYOFASCIAL RELEASE	44.28		2016.59
01/25/03	ES	TENS STIM.(UNATTENDED)	18.45		2035.04
01/27/03	MFR	MYOFASCIAL RELEASE	44.28		2079.32
01/27/03	SP1	MANIP 1-2 REGIONS	39.00		2118.32
01/27/03	US	ULTRASOUND	20.91		2139.23
01/27/03	ES	TENS STIM (UNATTENDED)	18.45		2157.68
01/29/03	MFR	MYOFASCIAL RELEASE	44.28		2201.96
01/29/03	SP3	MANIP. 3-4 REGIONS	48.59		2250.55
01/29/03	US	ULTRASOUND	20.91		2271.46
01/29/03	ES	TENS STIM (UNATTENDED)	18.45		2289.91
01/31/03	SP3	MANIP. 3-4 REGIONS	48.59		2338.50
01/31/03	ES	TENS STIM (UNATTENDED)	18.45		2356.95
01/31/03	MFR	MYOFASCIAL RELEASE	44.28		2401.23
01/31/03	US	ULTRASOUND	20.91		2422.14
02/21/03	MFR	MYOFASCIAL RELEASE	44.28		2466.42
02/21/03	SP3	MANIP. 3-4 REGIONS	48.59		2515.01
02/21/03	US	ULTRASOUND	20.91		2535.92
02/21/03	ES	TENS STIM.(UNATTENDED)	18.45		2554.37
02/22/03	MFR	MYOFASCIAL RELEASE	44.28		2598.65
02/22/03	SP3	MANIP. 3-4 REGIONS	48.59		2647.24
02/22/03	US	ULTRASOUND	20.91		2668.15
02/22/03	ES	TENS STIM (UNATTENDED)	18.45		2686.60
02/22/03	IRE	INTERMEDIATE RE-EXAM	47.60		2734.20
02/26/03	MFR	MYOFASCIAL RELEASE	44.28		2778.48
02/26/03	SP3	MANIP 3-4 REGIONS	48.59		2827.07
02/26/03	US	ULTRASOUND	20.91		2847.98
02/26/03	ES	TENS STIM.(UNATTENDED)	18.45		2866.43
02/28/03	MFR	MYOFASCIAL RELEASE	44.28		2910.71
02/28/03	SP3	MANIP. 3-4 REGIONS	48.59		2959.30
02/28/03	US	ULTRASOUND	20.91		2980.21
02/28/03	ES	TENS STIM.(UNATTENDED)	18.45		2998.66
03/03/03	MFR	MYOFASCIAL RELEASE	44.28		3042.94
03/03/03	SP3	MANIP 3-4 REGIONS	48.59		3091.53
03/03/03	US	ULTRASOUND	20.91		3112.44
03/03/03	ES	TENS STIM (UNATTENDED)	18.45		3130.89
03/07/03	SP3	MANIP 3-4 REGIONS	48.59		3179.48

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06/01/2004 TRANSACTIONS DATED 11/23/2002 THROUGH 06/01/2004

HISTORY OF TRANSACTIONS

DATE	CODE	DESCRIPTION	TOT CHG	TOT PMT	BALANCE
03/07/03	US	ULTRASOUND	20.91		3200.39
03/07/03	MFR	MYOFASCIAL RELEASE	44.28		3244.67
03/07/03	ES	IEEC STIM.(UNATTENDED)	18.45		3263.12
03/10/03	MFR	MYOFASCIAL RELEASE	44.28		3307.40
03/10/03	SF1	MANIF. 1-2 REGIONS	39.00		3346.40
03/10/03	US	ULTRASOUND	20.91		3367.31
03/10/03	ES	IEEC STIM.(UNATTENDED)	18.45		3385.76
03/14/03	MFR	MYOFASCIAL RELEASE	44.28		3430.04
03/14/03	SF3	MANIF. 3-4 REGIONS	48.59		3478.63
03/14/03	US	ULTRASOUND	20.91		3499.54
03/14/03	ES	IEEC STIM.(UNATTENDED)	18.45		3517.99
03/17/03	MFR	MYOFASCIAL RELEASE	44.28		3562.27
03/17/03	SF1	MANIF. 1-2 REGIONS	39.00		3601.27
03/17/03	US	ULTRASOUND	20.91		3622.18
03/17/03	ES	IEEC STIM.(UNATTENDED)	18.45		3640.63
03/24/03	MFR	MYOFASCIAL RELEASE	44.28		3684.91
03/24/03	SF3	MANIF. 3-4 REGIONS	48.59		3733.50
03/24/03	US	ULTRASOUND	20.91		3754.41
03/24/03	ES	IEEC STIM.(UNATTENDED)	18.45		3772.86
03/26/03	MFR	MYOFASCIAL RELEASE	44.28		3817.14
03/26/03	SF3	MANIF. 3-4 REGIONS	48.59		3865.73
03/26/03	US	ULTRASOUND	20.91		3886.64
03/26/03	ES	IEEC STIM.(UNATTENDED)	18.45		3905.09
03/29/03	MFR	MYOFASCIAL RELEASE	44.28		3949.37
03/29/03	US	ULTRASOUND	20.91		3970.28
03/29/03	SF1	MANIF. 1-2 REGIONS	39.00		4009.28
03/29/03	ES	IEEC STIM.(UNATTENDED)	18.45		4027.73
04/05/03	SF3	MANIF. 3-4 REGIONS	48.59		4076.32
04/05/03	ES	IEEC STIM.(UNATTENDED)	18.45		4094.77
04/05/03	MFR	MYOFASCIAL RELEASE	44.28		4139.05
04/05/03	US	ULTRASOUND	20.91		4159.96
04/07/03	MFR	MYOFASCIAL RELEASE	44.28		4204.24
04/07/03	SF1	MANIF. 1-2 REGIONS	39.00		4243.24
04/07/03	US	ULTRASOUND	20.91		4264.15
04/07/03	ES	IEEC STIM.(UNATTENDED)	18.45		4282.60
04/09/03	MFR	MYOFASCIAL RELEASE	44.28		4326.88
04/09/03	SF3	MANIF. 3-4 REGIONS	48.59		4375.47
04/09/03	US	ULTRASOUND	20.91		4396.38
04/09/03	ES	IEEC STIM.(UNATTENDED)	18.45		4414.83
04/16/03	MFR	MYOFASCIAL RELEASE	44.28		4459.11
04/16/03	SF3	MANIF. 3-4 REGIONS	48.59		4507.70
04/16/03	US	ULTRASOUND	20.91		4528.61
04/16/03	ES	IEEC STIM.(UNATTENDED)	18.45		4547.06
04/19/03	SF3	MANIF. 3-4 REGIONS	48.59		4595.65
04/19/03	ES	IEEC STIM.(UNATTENDED)	18.45		4614.10
04/19/03	MFR	MYOFASCIAL RELEASE	44.28		4658.38
04/19/03	US	ULTRASOUND	20.91		4679.29

H I S T O R Y O F T R A N S A C T I O N S

DATE	CODE	DESCRIPTION	TOT CHG	TOT PMT	BALANCE
04/21/03	MFR	MYOFASCIAL RELEASE	44.28		4723.57
04/21/03	SP1	MANIP. 1-2 REGIONS	37.00		4762.57
04/21/03	US	ULTRASOUND	20.91		4783.48
04/21/03	ES	ELEC STIM.(UNATTENDED)	18.45		4801.93
04/26/03	MFR	MYOFASCIAL RELEASE	44.28		4846.21
04/26/03	SP1	MANIP. 1-2 REGIONS	39.00		4885.21
04/26/03	US	ULTRASOUND	20.91		4906.12
04/26/03	ES	ELEC STIM (UNATTENDED)	18.45		4924.57
04/28/03	SP1	MANIP. 1-2 REGIONS	39.00		4963.57
04/28/03	ES	ELEC STIM.(UNATTENDED)	18.45		4982.02
04/28/03	US	ULTRASOUND	20.91		5002.93
04/28/03	MFR	MYOFASCIAL RELEASE	44.28		5047.21
08/05/03	XI	PATIENT BALANCE	5047.21	5047.21	5047.21
06/01/04	ADJ	ADJUSTMENT		5047.21	00

MAKE CHECKS PAYABLE TO

PHONE (805) 497-9481

ACCOUNT NO M 45338

MELVIN M & W HAYASHI M D ,INC
375 ROLLING OAKS DR #200
THOUSAND OAKS, CA 91361

STATEMENT

RETURN UPPER PORTION OF
STATEMENT WITH PAYMENT

OUR OFFICE POLICY IS TO PAY AT THE TIME SERVICES ARE RENDERED

JOANN HORWITZ
31726 KENT FIELD CRT
WESTLAKE VILLAGE, CA 91361

NOTE
Charges and payments not appearing on this statement will appear on next month s statement

PATIENT S NAME
JOANN HORWITZ

CLOSING DATE	PAGE NO	NEW BALANCE
07-03-03	1	20 00

SHOW AMOUNT PAID HERE $

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE		EXPLANATION OF ACTIVITY	PROC CODE	DIAG CODE	CHARGES & DEBITS	PAYMENT & CREDITS
		Previous Balance				
02-20-03	JOANN	INIT VISIT MODERATE	99204	836 0	151 58	
02-20-03	JOANN	XRAY HAND LIMITED	73120	842 1	31 02	
02-20-03	JOANN	XRAY KNEE LIMITED	73560	836 0	33 07	
02-25-03	JOANN	OFFICE VISIT LOW	99213	726 6	58 87	
03-14-03	JOANN	OFFICE VISIT LOW	99213	726 6	58.87	
03-14-03	JOANN	ASPIR/INJECT MJR JOINT	20610	726 6	77.30	
03-14-03	JOANN	CORT PHOSPHATE	J0704	726 6	9 25	
03-14-03	JOANN	INJECT MEPIVACINE	J0670	726 6	2.06	
03-14-03		MEDICARE PAYMENT				77 93
03-14-03		MEDICARE ADJUSTMENT				18 26
03-14-03		MEDICARE PAYMENT				43 10
03-14-03		MEDICARE ADJUSTMENT				4 99
04-01-03		BLUE CROSS PAYMENT				10 78
04-01-03		BLUE CROSS PAYMENT				19 48
04-03-03		MEDICARE PAYMENT				110 66
04-03-03		MEDICARE ADJUSTMENT				9 16
04-09-03		BLUE CROSS PAYMENT				27 66
04-21-03	JOANN	OFFICE VISIT MODERATE	99214	842 1	93 27	
04-21-03	JOANN	XRAY FOOT LIMITED	73620	842 1	32 43	
04-21-03	JOANN	SHORT LEG WALKING BOOT	L4360	842 1	100 00	
04-21-03		PERSONAL CHECK				100 00
05-08-03	JOANN	OFFICE VISIT LOW	99213	836 0	59 82	
05-13-03		BLUE CROSS PAYMENT				23 01
05-13-03		MEDICARE PAYMENT				92 04
05-23-03		MEDICARE ADJUSTMENT				10 65
05-30-03		PRIVATE INS PAYMENT				80 00
06-02-03		BLUE CROSS PAYMENT				10 95

STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT OF LAST PAYMENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
07-03-03	06-02-03	43 8_					

THIS AMOUNT

MAKE CHECKS PAYABLE TO

PHONE [illegible]

ACCOUNT NO M 45[illegible]

MELVIN M K W HAYASHI M D ,INC
375 ROLLING OAKS DR #200
THOUSAND OAKS, CA 91361

STATEMENT

RETURN UPPER PORTION OF STATEMENT WITH PAYMENT

OUR OFFICE POLICY IS TO PAY AT THE TIME SERVICES ARE RENDERED

JOANN HORWITZ
31726 KENT FIELD CRT
WESTLAKE VILLAGE, CA 91361

NOTE
Charges and payments not appearing on this statement will appear on next month s statement

PATIENT S NAME
JOANN HORWITZ

CLOSING DATE	PAGE NO	NEW BALANCE
07-03-03	2	20 00

SHOW AMOUNT PAID HERE $

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	EXPLANATION OF ACTIVITY	PROC CODE	DIAG CODE	CHARGES & DEBITS	PAYMENT & CREDITS
	Previous Balance			707 54	638 67
[illegible]-02-03	MEDICARE PAYMENT				43 81
[illegible]-16-03	MEDICARE ADJUSTMENT				5 06

STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT OF LAST PAYMENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
-03-03	06-02-03	43 81	20 00	00	00	7[illegible]	68[illegible] 54

[illegible] a 1% per month [illegible] nce charge [illegible] PLEASE PAY THIS AMOUNT 20 00
[illegible] over 60 da[illegible]

GINA'S MASSAGE THERAPY

Swedish And Deep Tissue Massage

Gina Coltea
Licensed And Certified Massage Therapist
(805) 482-6886

June 1, 2004

Jo Ann Horwitz
31726 Kentfield Court
Westlake Village, CA 91361

RE Accident on 11/16/02
Hamburger Hamlet/Agoura Hills

For Massage Theraphy services from 11/24/02 to 05/15/04 on arm, shoulder, lower back and legs

Two visits a month @ $90 00 per visit, 37 visits $3,330 00

Account paid in full by client

Thank you

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

In re: CHI-CHI'S, INC.,
Case No. 03-13063

DOCUMENTS APPENDED TO CLAIM

On March 21, 2006, document(s) appended to Claim Number 895 for the following reason

- ☒ Stipulation/Order
- ☐ New Supporting Documents
- ☐ Change of Address
- ☐ Withdrawal of Claim
- ☐ Other

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF DELAWARE

In re.	)	Chapter 11
CHI-CHI'S, INC , et al , [1]	)	Case No 03-13063 (KJC)
	)	(Jointly Administered)
Reorganized Debtors	)	
	)	**Related Docket Nos. 2347 and 2376**

AMENDED ORDER AUTHORIZING AND APPROVING SETTLEMENT OF CERTAIN PREPETITION CUSTOMER CLAIMS

Upon the motion (the "Motion") of the Liquidating Trustee[2] for the reorganized debtors and debtors in possession (collectively, the "Debtors") in the above-captioned chapter 11 cases seeking entry of an order (the "Order") for entry of an order authorizing the Liquidating Trustee to enter into Settlement Agreements with Customers; and it appearing that the relief requested is in the best interest of the Liquidating Trust, and it appearing that this Motion is a core proceeding pursuant to 28 U S C §§ 157 and 1334, and it appearing that venue of this proceeding and the Motion in this district is proper under 28 U S C §§ 1408 and 1409, and adequate notice of the Motion having been given, and it appearing that no other notice need be given, and after due deliberation and sufficient cause appearing therefor, it is hereby

[1] The Debtors consist of the following entities Chi-Chi's, Inc , CCMR of Catonsville, Inc , CCMR of Cumberland, Inc , CCMR of Frederick, Inc , CCMR of Greenbelt, Inc , CCMR of Harford County, Inc , CCMR of Maryland Inc , CCMR of Ritchie Highway, Inc , CCMR of Timonium, Inc , Chi-Chi's of West Virginia, Inc , CMM Dissolution, Inc , Koo Koo Roo, Inc , Maintenance Support Group, Inc , Koo Koo Roo Licensing Systems, Inc , The Hamlet Group, Inc , H H of Maryland, Inc , and H H K of Virginia, Inc

[2] Capitalized terms not defined herein shall have the meaning ascribed to them in the Motion

DN 2455
F 3-17-06

ORDERED that the *Order Authorizing and Approving Settlement of Certain Prepetition Customer Claims* (Docket No 2376) is in full force and affect, except as otherwise stated below, and it is further

ORDERED that Claim No 895 shall be allowed as an unsecured, nonpriority claim in the amount of $30,000, which will be a claim in Class O-6, and it is further

ORDERED that this Court retains jurisdiction with respect to all matters arising from or related to the implementation of this Order

Dated March 17, 2006

UNITED STATES BANKRUPTCY JUDGE