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

04808496002045

Schultz & Pogue, Llp
Attorney At Law
11611 N Meridian St Ste 706
Carmel, IN 46032-4542

☐ 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 (317) 569-2570

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
1160-00008

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 06/05/2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM $ 2,344.05 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 2,344.05 (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 $ 2,344.05

☒ 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
MAY 25 2004
BMC

Chi Chi s Inc
00905

DATE SIGNED
05/20/2004

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)

Thomas R. Schultz, Partner

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 calculatiing 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."

SCHULTZ & POGUE, LLP
Federal Identification No 35-2097403
11611 N Meridian Street
Suite 706
Carmel, IN 46032
(317) 569-2570

Gallagher Bassett Services, Inc
Attention Patricia Wilson
P O Box 30840
Laguna Hills, CA 92653

September 09, 2003
Invoice No 7756
Schultz, Thomas R

Our File No 1160-00008
Re Claim No 011450-011633-GB-01
Lisa M Bogard and William Bogard v CHI-CHI'S INC

*** * INTERIM STATEMENT * ***

PROFESSIONAL SERVICES

Date	Description		Hours	Amount
06/05/03	Study Order re Pre-trial	TRS	0 10	$13 50
06/06/03	Prepare Quarterly Report	TRS	0 30	$40 50
	Letter from opposing counsel re depositions Phone call to opposing counsel re same Letter to Mr Floyd re his deposition	TRS	0 30	$40 50
06/13/03	Phone call to Chi Chi's re depositions	TRS	0 20	$27 00
	Prepare deposition notices Letter to opposing counsel re same	TRS	0 30	$40 50
06/17/03	Phone call from and to Ms Lewis re Mr Floyd	TRS	0 20	$27 00
	Phone call from and to opposing counsel re depositions	TRS	0 20	$27 00
06/20/03	Letter from opposing counsel with deposition notice	TRS	0 10	$13 50

Gallagher Bassett Services, Inc
Invoice No 7756

September 09, 2003
Page 2

Date	Description		Hours	Amount
06/23/03	Phone call to Mr Duncan re his deposition Letter to Mr Duncan enclosing information for his deposition Letter to opposing counsel re depositions	TRS	0 30	$40 50
06/24/03	Phone call from and to opposing counsel re depositions	TRS	0 10	$13 50
	Letter to opposing counsel and Chi Chi's employee re depositions	TRS	0 20	$27 00
06/27/03	Letter from opposing counsel re depositions	TRS	0 10	$13 50
07/25/03	Letter to Mr Floyd re deposition	TRS	0 10	$13 50
08/14/03	Phone call to Mr Floyd re his deposition	TRS	0 10	$13 50
08/15/03	Phone call to Mr Duncan re deposition	TRS	0 10	$13 50
08/18/03	Phone call from opposing counsel cancelling depositions Phone call to Mr Duncan re same	TRS	0 20	$27 00
	For Professional Services Rendered		2 90	$391 50

DISBURSEMENTS

E101 Copying	$7 40
E105 Telephone (Long Distance)	$2 66
E108 Postage/Certified Mailing	$9 04
E131 Facsimile (Long Distance)	$0 20
Total Disbursements	$19 30
TOTAL CHARGES	$410 80
Previous balance	$784 88
7/30/2003 Payment - Thank You Check No 0032082522	($784 88)
Total payments and adjustments	($784 88)

	Amount
BALANCE DUE	$410 80

PLEASE RFFERENCE OUR FILE NUMBER WITH YOUR PAYMENT THANK YOU

SCHULTZ & POGUE, LLP
Federal Identification No 35-2097403
11611 N Meridian Street
Suite 706
Carmel, IN 46032
(317) 569-2570

Gallagher Bassett Services, Inc
Attention Patricia Wilson
P O Box 30840
Laguna Hills, CA 92653

December 02, 2003
Invoice No 8550
Schultz, Thomas R

Our File No 1160-00008
Re Claim No 011450-011633-GB-01
Lisa M Bogard and William Bogard v CHI-CHI'S INC

*** * INTERIM STATEMENT * ***

PROFESSIONAL SERVICES

Date	Description		Hours	Amount
09/09/03	Letter to opposing counsel re depositions	TRS	0 10	$13 50
	Letter to Mr Floyd re his deposition	TRS	0 10	$13 50
	Prepare updated quarterly report	TRS	0 10	$13 50
09/19/03	Letter to opposing counsel re Pre-Trial Order	TRS	0 10	$13 50
09/22/03	Phone call from and to Ms Wilson re status	TRS	0 10	$13 50
09/27/03	Prepare Pre-Trial Order and forward to opposing counsel for review	TRS	0 30	$40 50
09/29/03	Phone call to opposing re depositions of plaintiffs	TRS	0 10	$13 50
09/30/03	Phone call to opposing counsel re depositions	TRS	0 10	$13 50
10/01/03	Letter from opposing counsel with deposition notice Letter to Mr Duncan re same Prepare Deposition Notices re plaintiffs	TRS	0 30	$40 50
10/02/03	Letter from opposing counsel with Witness & Exhibit Lists	TRS	0 10	$13 50
10/07/03	Study Order from Court re deadlines	TRS	0 10	$13 50
10/09/03	Phone call to restaurant manager re Mr Duncan	TRS	0 20	$27 00

Gallagher Bassett Services, Inc
Invoice No 8550

December 02, 2003

Date	Description		Hours	Amount
10/10/03	Phone call to Mr Duncan re deposition Communication with Ms Zonick re cooperation from Duncan	TRS	0 30	$40 50
10/13/03	Phone conference with Mr Duncan re his deposition	TRS	0 30	$40 50
10/14/03	Prepare for depositions	TRS	1 00	$135 00
10/15/03	Phone call from Mr Duncan re his deposition Phone call to opposing counsel re same	TRS	0 20	$27 00
10/16/03	Attend depositions of plaintiffs and Mr Duncan	TRS	7 00	$945 00
10/20/03	Letter from mediator re mediation	TRS	0 10	$13 50
11/05/03	Study Order granting Stay	TRS	0 10	$13 50
	For Professional Services Rendered		10 70	$1,444 50

DISBURSEMENTS

E101 Copying	$8 40
E105 Telephone (Long Distance)	$2 30
E108 Postage/Certified Mailing	$7 64
E110 Out-of-Town Travel	$66 39
Total Disbursements	$84 73
TOTAL CHARGES	$1,529 23
Previous balance	$410 80
BALANCE DUE	$1,940 03

PLEASE REFERENCE OUR FILE NUMBER WITH YOUR PAYMENT THANK YOU

Current	30 Days	60 Days	90 Days	120 Days
1,529 23	0 00	410 80	0 00	0 00

SCHULTZ & POGUE, LLP
Federal Identification No 35-2097403
11611 N Meridian Street
Suite 706
Carmel, IN 46032
(317) 569-2570

Gallagher Bassett Services Inc
Attention Patricia Wilson
P O Box 30840
Laguna Hills CA 92653

April 27, 2004
Invoice No 9773
Schultz Thomas R

Our File No 1160-00008
Re Claim No 011450-011633-GB-01
Lisa M Bogard and William Bogard v CHI-CHI'S INC

** INTERIM STATEMENT **

DISBURSEMENTS

	Amount
E101 Copying	$0 80
E108 Postage/Certified Mailing	$0 37
E115 Deposition Transcript	$402 85
Total Disbursements	$404 02
Previous balance	$1 940 03
BALANCE DUE	$2,344 05

PLEASE REFERENCE OUR FILE NUMBER WITH YOUR PAYMENT THANK YOU

Current	30 Days	60 Days	90 Days	120 Days
404 02	0 00	0 00	0 00	1,940 03