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

☐ 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

Creditor Name and Address

04808496037233

VIRGINIA NATURAL GAS
~~PO BOX 37248~~
~~BALTIMORE, MD 21297-3248~~
5100 E Va. Beach Blvd
Norfolk, Va 23502

Creditor Telephone Number ( ) 757 466-5413

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
1000203 113001

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 10-8-03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM

$ 1,701.95	$	$	$ 1,701.95
(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
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
JUN 0 2 2004
BMC
Chi Chi s Inc
01028

DATE SIGNED
5/24/04

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)
Tiffany Creed Tiffany Creed Accountant

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

- ☐ 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

Virginia Natural Gas

5100 East Virginia Beach Blvd
Norfolk VA 23502 3488
(757) 466 5400

MAY 20, 2004

C C M R OF VA INC DIP
C/O AP UTILITIES
PO BOX 25169
SANTA ANA CA 92799-5169

FOR SERVICE AT

739 LYNNHAVEN PKY
VIRGINIA BEACH VA 23452-7304

ACCOUNT NUMBER - 0 1000 203113 001

DATE	DESCRIPTION OR USAGE	DAYS	UTILITY TAX	SERVICE CHARGES	CREDITS	ACCOUNT BALANCE
BEGINNING	BALANCE					2431 62
OCT 25 00	PAYMENT				2431 62	00
NOV 03 00	***			2189 72		2189 72
NOV 20 00	PAYMENT				2189 72	00
DEC 06 00	***			4058 68		4058 68
DEC 22 00	PAYMENT				4058 68	00
JAN 08 01	***			5177 63		5177 63
JAN 29 01	PAYMENT				5177 63	00
FEB 06 01	***			4591 40		4591 40
FEB 23 01	PAYMENT				4591 40	00
MAR 07 01	***			4480 20		4480 20
MAR 26 01	PAYMENT				4480 20	00
APR 05 01	***			3739 89		3739 89
APR 19 01	PAYMENT				3739 89	00
MAY 07 01	***			2674 09		2674 09
MAY 23 01	PAYMENT				2674 09	00
JUN 06 01	2272	31	146 66	2394 12		2394 12
JUN 22 01	PAYMENT				2394 12	00
JUL 06 01	2088	29	140 89	2053 01		2053 01
JUL 25 01	PAYMENT				2053 01	00
AUG 06 01	2285	31	147 07	2236 71		2236 71
AUG 21 01	PAYMENT				2236 71	00
SEP 05 01	2251	32	146 01	2205 01		2205 01
SEP 21 01	PAYMENT				2205 01	00
OCT 04 01	1982	29	137 57	1621 60		1621 60
OCT 24 01	PAYMENT				1621 60	00
NOV 02 01	2260	29	146 29	1834 19		1834 19
NOV 15 01	PAYMENT				1834 19	00
DEC 05 01	2927	33	167 21	2344 24		2344 24
DEC 21 01	PAYMENT				2344 24	00
JAN 08 02	4437	34	172 25	3138 70		3138 70

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JAN 25 02	PAYMENT				3138 70		00
FEB 06 02	3384	28	172 25	2441 95		2441	95
FEB 25 02	PAYMENT				2441 95		00
MAR 07 02	4321	30	172 25	3061 94		3061	94
MAR 26 02	PAYMENT				3061 94		00
APR 08 02	3261	30	172 25	1983 04		1983	04
APR 23 02	PAYMENT				1983 04		00
MAY 07 02	2347	28	149 02	1791 96		1791	96
MAY 21 02	PAYMENT				1791 96		00
JUN 06 02	2422	32	151 37	1845 83		1845	83
JUN 24 02	PAYMENT				1845 83		00
JUL 08 02	2056	29	139 89	1675 81		1675	81
JUL 25 02	PAYMENT				1675 81		00
AUG 06 02	2259	31	146 26	1830 81		1830	81
AUG 20 02	PAYMENT				1830 81		00
SEP 06 02	1894	32	134 81	1552 11		1552	11
SEP 20 02	PAYMENT				1552 11		00
OCT 07 02	1720	29	129 35	1498 11		1498	11
OCT 22 02	PAYMENT				1498 11		00
NOV 05 02	2041	32	139 42	1757 91		1757	91
NOV 20 02	PAYMENT				1757 91		00
DEC 06 02	3029	30	170 41	2519 38		2519	38
DEC 19 02	PAYMENT				2519 38		00
JAN 08 03	4418	33	172 25	4041 38		4041	38
JAN 29 03	PAYMENT				4041 38		00
FEB 06 03	5043	31	172 25	4658 27		4658	27
FEB 24 03	PAYMENT				4658 27		00
MAR 07 03	4135	29	172 25	4340 36		4340	36
MAR 07 03	4418	33	172 25		4041 38	298	98
MAR 07 03	4418	33	172 25	3774 58		4073	56
MAR 07 03	5043	31	172 25		4658 27	-584	71
MAR 07 03	5043	31	172 25	4353 73		3769	02
APR 07 03	LATE PAYMENT CHARGE			54 29		3823	31
APR 07 03	2913	28	166 77	3159 67		6982	98
APR 21 03	PAYMENT				3769 02	3213	96
APR 21 03	PAYMENT				3213 96		00

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MAY 07 03	2716	32	160 59	2848 91		2848 91
MAY 27 03	PAYMENT				2848 91	00
JUN 06 03	1791	30	131 58	1921 65		1921 65
JUN 20 03	PAYMENT				1921 65	00
JUL 08 03	1552	30	124 08	1644 56		1644 56
JUL 28 03	PAYMENT				1644 56	00
AUG 06 03	1615	31	126 06	1707 02		1707 02
AUG 26 03	PAYMENT				1707 02	00
SEP 05 03	1436	30	120 45	1529 57		1529 57
SEP 22 03	PAYMENT				1529 57	00
OCT 06 03	1359	29	113 76	1442 84		1442 84
OCT 16 03	235	5	29 47	259 11		1701 95
	TOTALS			102433 98	103163 65	

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT SPECIAL COLLECTIONS
BY TELEPHONING 1-866-229-3578

* UTILITY TAX IS ALSO INCLUDED IN SERVICE CHARGES

TCREECH