UNITED STATES BANKRUPTCY COURT - DISTRICT OF DELAWARE | **PROOF OF CLAIM** | **YOUR CLAIM IS SCHEDULED AS**

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

24841

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

UNKNOWN PRIORITY UNLIQUIDATED

☐ 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

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim must be filed
If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Name and Address

04808525002453

North Hills School District
Tax Office
PO Box 360063
Pittsburgh, PA 15251-6063

Creditor Telephone Number (412) 318-1022

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

9026430

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 October 31, 2003 (3/4/04) | **3 IF COURT JUDGMENT, DATE OBTAINED** Not applicable

4 TOTAL AMOUNT OF CLAIM

$ _____ (unsecured)	$ _____ (secured)	$ 339 21 (unsecured priority)	$ 339 21 (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 $ 339 21

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 3 2004
BMC
01055

DATE SIGNED	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)
6/1/04	Gerard F Muth Accounting 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

NORTH HILLS SCHOOL DISTRICT - ROSS TOWNSHIP
PITTSBURGH PA
412/318 1060

MERCANTILE AND BUSINESS PRIVILEGE TAX

06)(73

ACCOUNT #	EIN	YEAR	QUARTER
9026430		2003	4TH QUARTER

CORPORATE NAME & ADDRESS	LOCAL NAME & ADDRESS
CHI CHI'S INC 2701 ALTON AVENUE IRVINE CA 92606	CHI CHI'S, INC #74 7201 MC KNIGHT ROAD PITTSBURGH PA 15237

TYPE OF TAX	TYPE OF BUSINESS	A TOTAL GROSS VOLUME	B EXEMPTIONS AND/OR EXCLUSIONS*	C A - B TAXABLE VOLUME	D TAX RATE	C x D TAX DUE
1) MERCANTILE	Wholesale Vendor				001	$
2)	Retail Vendor				0015	$
3)	Restaurant Lounge	108132			0015	$ 162.20
4)	Place of Amusement				0015	$
5) BUSINESS PRIVILEGE	Services				0015	$
6) RENTAL INCOME					0015	$
7) TOTAL TAX DUE (ADD LINES 1 THROUGH 6)						$ 162.20
8) **PENALTY & INTEREST** Payments made after the due date must include penalty & interest of 1% per month						$
9) TOTAL AMOUNT DUE						$
*Explanation of Exemptions and Exclusions Claimed (SEE REVERSE)				**RETURN DUE BY**		3/15/2004

******************************ANNUAL RECONCILIATION******************************

	SALES	EXCLUSIONS
WHOLESALE		
RETAIL		
RESTAURANT	910180	
PLACE OF AMUSEMENT		
SERVICE		
RENTAL INCOME		

I hereby certify that all the information contained in this return is true and correct to the best of my knowledge and belief

Prepared By: ROBERT CAMPBELL — Title: ACCTS PAYABLE

Phone: (949) 863 6604 — Date: 3/16/04

Make all checks payable to and mail to
NORTH HILLS SCHOOL DISTRICT
Tax Office
P O Box 360063
Pittsburgh, PA 15251-6063

A $25 00 Service Charge will be assessed for Returned Checks

NORTH HILLS SCHOOL - E/T DETAIL INQUIRY **COMMENTS**

Alternate Number -> 9026430 ACTIVE **Employer Id # ------> 41 0901437**

Name/Address -----> CHI CHI'S INC
2701 ALTON AVENUE
IRVINE CA 92606 Apt#

Employer Type ----> DEFAULT / ACTIVE ORG

YR+TYPE	Gross Volume Exceptions	Tax Due Tax Paid	Pen/Int Due Pen/Int Paid	Total Amt Due Total Amt Paid
2003 MR	684,039 00	1,026 06	00	1,026 06
YY Y	00	1,026 06	00	1,026 06
	684,039 00	00	00	00

	Date	Batch	Source	Q	Description	Amount
SENT	3/23/2004	10195	PAY/TP	4	BUSINESS TAX	162 20
11/07/2002	3/23/2004	10195	PAY/GR	4	GROSS REPORTED	108132 00
REPLY	7/22/2003	9562	PAY/TP	2	BUSINESS TAX	421 31
11/25/2002	7/22/2003	9562	PAY/GR	2	GROSS REPORTED	280872 00
	4/17/2003	9284	PAY/TP	1	BUSINESS TAX	442 55
D 10 00	4/17/2003	9284	PAY/GR	1	GROSS REPORTED	295035 00
P 10 00						
B 00						

BCH# 08730
11/25/2002

CMD=> 1 Return 5 Mask 11 JUMP Menu NO MORE DATA 7 EOJ

CHI CHI's Inc
Business Mercantile Tax Due North Hills School District

Total Sales per Annual Reconciliation	910,180 00
Total Sales taxes paid against	684,039 00
Total Sales Tax to be paid against	226,141 00
Tax Rate	0 0015
Unsecured Priority Claim	339 21