

UNITED STATES BANKRUPTCY COURT DISTRICT OF DE

PROOF OF CLAIM

Name of Debtor DUNIGAN FUELS INC	Case Number 03-10973 DE
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	
Name and address of Creditor (This person or other entity to whom the debtor owes money or property) PENNSYLVANIA DEPARTMENT OF REVENUE	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent Pennsylvania Department of Revenue Commonwealth of Pennsylvania Bankruptcy Division Department 280946 Harrisburg PA 17128 0496	REC'D JUN 01 2003 THIS SPACE FOR COURT USE ONLY
Telephone number (717) 783 8989	
Account or other number by which identifies debtor EIN 752402058 SSN	Check here if this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends a previously filed claim dated

1 Basis for Claim

<input type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Your SS# _____ Unpaid compensation for services performed From _____ to _____ (date) (date)
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2 Date debt was incurred "See Attached"	3 If court judgement, date obtained "See Attached"
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4 Total Amount of Claim at Time Case Filed \$461 00
 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 \$ Unknown

Amount of arrearage and other charges at time case filed included in secured claim if any \$0 00

6 Unsecured Priority Claim

Check this box if you have an unsecured priority claim

Amount entitled to priority \$461 00

Wages, salaries or commissions (up to \$4000) * earned within 90 days before filing of the bankruptcy petition of 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)(8)

Alimony, maintenance or support owed to a 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 date of adjustment

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this claim

8 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.

9 Date Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

Date 4/30/03	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) Sandra K Kirk, Chief
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105111
 DISTRICT OF DELAWARE
 2003 MAR -2 AM 11:29

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both.

Fleming Companies Claim





Patricia Little

**SUPPORTING DOCUMENTATION FOR
TAXES DUE THE
COMMONWEALTH OF
PENNSYLVANIA
DEPARTMENT OF REVENUE**

Original Claim
 Amended Claim
This claim supercedes all
Previous claims filed
Date Amended

DUNIGAN FUELS INC
DUNIGAN FUELS INC

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

Petition Filing Date 04/01/2003
Case Number 0310973 DE
Chapter 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth At this present time of the filing of this proof of claim the Debtor was indebted to the Commonwealth in the

SUM OF \$461.00 for the following

- State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P S 7210
- Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P S 7301
- Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P S 7301
- Corporate Net Income Tax
- Capital Stock-Franchise Tax
- Corporate Loans Tax
- Other

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability

Total secured claim _____

Pursuant to Section 506(b) of the Bankruptcy Code post petition Interest may be payable

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability

Total administrative _____

UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority Liabilities existing before petition date.

See attached statement of account detailing the liability

Total unsecured priority \$461.00

UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the petition filing date.

See attached statement of account detailing the liability

Total unsecured non priority claim _____

All payments of this claim have been credited and deducted for the purpose of making this proof of claim

(Representative Bureau of Compliance)



Patricia Little

**BANKRUPTCY
 STATEMENT OF ACCOUNT**

Pet Date 4/1/2003
 Cause Number 0310973 DE
 Chapter 11

DUNIGAN FUELS INC
 500 CHESTNUT
 SUITE 1100
 ABILENE TX 79604

Primary Tax Numbers

Emp Identification Number 752402058

Sales Tax License Number

Social Security Number

Corp Tax Number 2055474

Other Number

Additional Debtors and/or Names SSN EIN

Note

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number:		2055-474		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	12/31/ 2001(02)	\$200 00	\$11 00	\$0 00	\$0 00	\$211 00
CT	<input checked="" type="checkbox"/>	12/31/ 2002(02)	\$200 00	\$0 00	\$0 00	\$0 00	\$200 00
CT	<input checked="" type="checkbox"/>	1/1/-4/1/ 2003(02)	\$50 00	\$0 00	\$0 00	\$0 00	\$50 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$450 00	\$11 00	\$0 00	\$0 00	\$461 00

LEGEND

ST = Sales Use and Hotel Occupancy Tax
 CT = Corporation Tax
 EMP = Employer Withholding
 AN = Individual Income Tax
 MT = Mass Transit
 MC = Motor Carrier

LF = Liquid Fuels
 OF = Oil Franchise
 PTA = Public Transportation Assistance Act

Personal Income Tax Estimates Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040 Information can be mailed to debtor or debtor's counsel upon written request without the need for filing a formal objection An amended proof of claim may be filed upon the filing of a properly completed and signed PA 40 tax return

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE