

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



s164461

Scheduled Claim Ref # 21-F2-12136
YOUR CLAIM IS SCHEDULED AS

\$2 661 51 UNSECURED

In re
Minter-Weisman Co

Case Number
03-10964

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

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

Name of Creditor and Address

0354429380936

BEER NUTS INC
PO BOX 1327
BLOOMINGTON IL 31702

Creditor Telephone Number (309) 827-8580

CREDITOR TAX I D #

37-0728557

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

101686

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- 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)

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3/25/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 2802.72 (unsecured) \$ 0 (secured) \$ 0 (unsecured priority) \$ 2802.72 (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 PRIORITY CLAIM

Check this box if you have an unsecured priority claim

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 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of 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 acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of 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 p m , September 15, 2003, Pacific Daylight Time

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT

FILED

AUG 07 2003

BMC

DATE SIGNED

8/6/03

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)

Sheree Osborne - credit man. Sheree Osborne

Fleming Companies Claim



02260

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

See Other Side For Instructions

INVOICE#

INVOICE DATE

11/14/89

3/23/90

SOLD TO

ELI LILLY PHARM
1025 NATHAN LANE NORTH
MICHIGAN 48, MN 55441 0000



SHIP TO

MINER BROTHERS
A. WEHMAN COMPANY
1025 NATHAN LANE NORTH
MICHIGAN 48, MN 55441 0000

P O Box 1327 BLOOMINGTON, IL 61702-1327
PHONE 309 827 8580 | FAX 309 827 0914
800 BEERNUTS | BEERNUTS.COM

HHHH

ROUTING	TERMS	BROKER #	ORDER RECEIVED	CUSTOMER ACCOUNT #	CUSTOMER ORDER NUMBER
USA HOLLAND	% 10. NET 30	24	3/20/90	101 586	3 0170

QUANTITY	PRODUCT CODE	DESCRIPTION	WEIGHT	PRICE	AMOUNT
2	205271	BEER NUTS (S) 7 OZ NET WT 1 LB	4 x 500	11.45	22.90
100	200611	BEER NUTS (S) 1 OZ NET WT 5 LB	100 x 500	11.45	1145.00

HHHH

DEDUCT

894 1515

IF PAID BY:

A/DA/UR

3/23/90

11/14/89

HHHH

OFFICE COPY

STRAIGHT BILL OF LADING — SHORT FORM — Original — Not Negotiable

at Bloomington Illinois on 03-24-03

SHIPPER NO

from **BEER NUTS, INC.** P O BOX 1327 BLOOMINGTON ILLINOIS 61702

If charges are to be prepaid write or stamp here To be prepaid
PREPAID

CONSIGNEE • DESTINATION
MINTER BROTHERS
A. WEISHAN COMPANY
1035 NATHAN LANE NORTH
MINNEAPOLIS, MN 55441-0000

P.O. 32870
PHONE 612-545-3706

ABF FREIGHT SYSTEM
038 438 141

ROUTING	BROKER NO	ORDER RECEIVED	CUSTOMER ACCT NO	CUSTOMER ORDER NUMBER
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~~WISCONSIN~~ **ABIF** 24 3 00 W 100 00 1 000

QUANTITY	PRODUCT CODE	DESCRIPTION	WEIGHT	RATE	AMOUNT
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2	80169	INTER STATE SHIPD BEER NUTS 03243			
2	80169	INTER STATE SHIPD BEER NUTS 03243			

3-5

SPECIAL INSTRUCTIONS
CALL THE CARRIER CONCERNING - 24 HRS
AND THE CARRIER WILL BE RESPONSIBLE

(Signature)
July 324
2/55
1

Shipper Per _____ Agent Per _____

8/6/03

These are non-reclamation
Claims.

Thanks'

Sherie Osborne
Credit mgr



Lightly Salted
Slightly Sweet