

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

PROOF OF CLAIM



613342

Bar Date Ref # 2-NVM-79207

In re _____ Case Number _____

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 of Creditor and Address

Altres Staffing Inc
PO Box PO Box 1410
Honolulu HI 96807

0354653613342

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.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number () _____

CREDITOR TAX I D #
99-0338442

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
2/19211

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 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 2474.84 (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 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

DATE SIGNED

8/4/03

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)

Michelle Abernethy, Credit Mgr.

THIS SPACE FOR COURT USE ONLY

FILED
AUG 07 2003

BMC

Filing Companies Claim



02306

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

TERMS DUE UPON PRESENTATION



INVOICE DATE	INVOICE NUMBER
02/28/03	24547

PLEASE REMIT TO

ALTRES Staffing, Inc (0)
P O BOX 1410
HONOLULU, HI 96807

19211 FLEMING FOODS HI
91-315 HANUA STREET
KAPOLEI, HI 96707
ATTEN REY PRADO

Fed ID# 99-0338442
Invoice Questions 808-591-4900
To Place Orders 808-591-4940

CUSTOMER
P O NO

\$ _____
AMOUNT ENCLOSED

ORDER-TIMECARD#--	DATE	PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR REMITTANCE -NAME - - -	HOURS	RATE- -	AMOUNT-
84222	007446 02/28/03	LUNALISA GRAHAM	40 00	14.85	594 00
				TAX	24 71
				AMOUNT DUE-->	618.71

WE APPRECIATE YOUR BUSINESS

PLEASE PAY ON THIS INVOICE

WE DO NOT SEND STATEMENTS



INVOICE DATE	INVOICE NUMBER
03/10/03	24870

INVOICE
TERMS DUE UPON PRESENTATION

PLEASE REMIT TO

19211 FLEMING FOODS HI
91-315 HANUA STREET
KAPOLEI, HI 96707
ATTEN REY PRADO

ALTRES Staffing, Inc (0)
P O BOX 1410
HONOLULU, HI 96807

Fed ID# 99-0338442
Invoice Questions 808-591-4900
To Place Orders 808-591-4940

CUSTOMER
P O NO

\$ _____
AMOUNT ENCLOSED

PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR REMITTANCE

ORDER	TIMECARD#	DATE	NAME	HOURS	RATE	AMOUNT
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84222	022339	03/07/03	LUNALISA GRAHAM	40.00	14.85	594.00
					TAX	24.71
					AMOUNT DUE-->	618.71

WE APPRECIATE YOUR BUSINESS PLEASE PAY ON THIS INVOICE WE DO NOT SEND STATEMENTS

INVOICE

TERMS DUE UPON PRESENTATION



INVOICE DATE	INVOICE NUMBER
03/17/03	25231

PLEASE REMIT TO

ALTRES Staffing, Inc (0)
P O BOX 1410
HONOLULU, HI 96807

19211 FLEMING FOODS HI
91-315 HANUA STREET
KAPOLEI, HI 96707
ATTEN REY PRADO

Fed ID# 99-0338442
Invoice Questions 808-591-4900
To Place Orders 808-591-4940

CUSTOMER
P O NO

\$ _____
AMOUNT ENCLOSED

PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR REMITTANCE

ORDER	TIMECARD#	DATE	NAME	HOURS	RATE	AMOUNT
84222	022542A	03/14/03	LUNALISA GRAHAM	40.00	14.85	594.00
					TAX	24.71
					AMOUNT DUE-->	618.71

WE APPRECIATE YOUR BUSINESS

PLEASE PAY ON THIS INVOICE

WE DO NOT SEND STATEMENTS



INVOICE DATE	INVOICE NUMBER
03/24/03	25470

INVOICE
TERMS DUE UPON PRESENTATION

PLEASE REMIT TO

19211 FLEMING FOODS HI
91-315 HANUA STREET
KAPOLEI, HI 96707
ATTEN REY PRADO

ALTRES Staffing, Inc (0)
P O BOX 1410
HONOLULU, HI 96807

Fed ID# 99-0338442
Invoice Questions 808-591-4900
To Place Orders 808-591-4940

CUSTOMER
P O NO

\$ _____
AMOUNT ENCLOSED

PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR REMITTANCE

ORDER TIMECARD#	DATE	NAME	HOURS	RATE	AMOUNT
84222	00/866A 03/21/03	LUNALISA GRAHAM	40 00	14 85	594.00
				TAX	24.71
				AMOUNT DUE-->	618.71

WE APPRECIATE YOUR BUSINESS

PLEASE PAY ON THIS INVOICE

WE DO NOT SEND STATEMENTS



INVOICE DATE	INVOICE NUMBER
03/31/03	25701

INVOICE
TERMS DUE UPON PRESENTATION

PLEASE REMIT TO*

19211 FLEMING FOODS HI
91-315 HANUA STREET
KAPOLEI, HI 96707
ATTEN. REY PRADO

ALTRES Staffing, Inc (O)
P O BOX 1410
HONOLULU, HI 96807

Fed ID# 99-0338442
Invoice Questions. 808-591-4900
To Place Orders 808-591-4940

CUSTOMER
P O NO

\$ _____
AMOUNT ENCLOSED

ORDER	TIMECARD#	DATE	PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR REMITTANCE NAME	HOURS	RATE	AMOUNT
84222	008014A	03/28/03	LUNALISA GRAHAM	40.00	14.85	594.00
					TAX	24.71
					AMOUNT DUE-->	618 71

WE APPRECIATE YOUR BUSINESS

PLEASE PAY ON THIS INVOICE

WE DO NOT SEND STATEMENTS