

<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE</b>	<b>PROOF OF CLAIM</b>
In re	Case Number



658126

Bar Date Ref # 2 NVM-126382

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**

0354653658126

Viking Electric  
PO Box 963  
Wausau WI 54402

- 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 ID #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here <input type="checkbox"/> if this claim	<input type="checkbox"/> replaces or amends a previously filed claim dated _____
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**1 BASIS FOR CLAIM**

<input checked="" type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (Fill out below)
<input type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Your social security number _____
		Unpaid compensation for services performed from _____ to _____ (date) (date)

<b>2 DATE DEBT WAS INCURRED</b>	<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>
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**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**

\$ 719.29 (unsecured)	\$ (secured)	\$ (unsecured priority)	\$ 719.29 (total)
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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.

<p>BY MAIL TO</p> <p>Bankruptcy Management Corporation P O BOX 900 El Segundo, CA 90245-0900</p>	<p>BY HAND OR OVERNIGHT DELIVERY TO</p> <p>Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo CA 90245</p>
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**THIS SPACE FOR COURT**

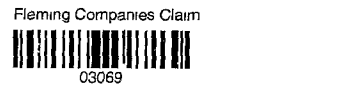
**FILED**

AUG 11 2003

**BMC**

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)
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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**



DEDICATED TO SERVING ALL THE NEEDS OF THE ELECTRICAL INDUSTRY

4531 WEST 1ST ST DULUTH MN 55807 (218) 624-2200  
 WATS (800) 255-9641 FAX (218) 624-0209

TO ASSURE PROPER CASH APPLICATION PLEASE IDENTIFY THE ITEMS YOU ARE PAYING IN DETAIL, RETURN THIS PORTION WITH YOUR REMITTANCE

CUSTOMER NO	STATEMENT DATE	PAGE
6356	08/01/03	1

DISCOUNT AVAILABLE	TOTAL BALANCE	AMOUNT PAID
\$ 00	\$719 29	

FLEMING FOODS  
 PO BOX 1149  
 SUPERIOR WI 54880-0140

REMIT TO  
 VIKING ELECTRIC SUPPLY INC  
 PO BOX 790371  
 ST LOUIS MO 63179

TRANSACTION NO	DATE	DUE DATE	PURCHASE ORDER	TYPE	DISCOUNT	TRANSACTION AMOUNT	OPEN AMOUNT
7244168	03/12/03	04/27/03	SM180	INV		698 00	698 00
FC-0003631	06/30/03	07/27/03		DBT		21 29	21 29

For Credit Dept assistance contact Bad Debt at (612)627-1270 or 800-435-3345

CURRENT AMOUNT	1 30 DAYS PAST DUE	31 60 DAYS PAST DUE	OVER 60 DAYS PAST DUE	TOTAL BALANCE
0 00	21 29	0 00	698 00	719 29

