

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

PROOF OF CLAIM



665615

Bar Date Ref # 1-NV-17526

In re	Case Number
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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

Unica Inc
23 W 101 Kings Crt
Glen Ellyn OH 60137

0354653665615

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 (30) 790-8107	CREDITOR TAX ID #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> or amends a previously filed claim dated _____
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1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Taxes Wages, salaries, and compensation (Fill out below)

Money loaned Other (describe briefly) _____

Your social security number _____

Unpaid compensation for services performed from _____ to _____

(date) (date)

2 DATE DEBT WAS INCURRED 03-13-03	3 IF COURT JUDGMENT, DATE OBTAINED
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4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE	\$ 2,021.76 (unsecured)	\$ _____ (secured)	\$ _____ (unsecured priority)	\$ _____ (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 USE ONLY

FILED

AUG 11 2003

BMC

Filing Companies Claim

03088

DATE SIGNED 8/05/03	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) Peter F. Zeuthen, PRESIDENT
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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

UNICA Invoice

DATE	INVOICE #
03/13/2003	2461

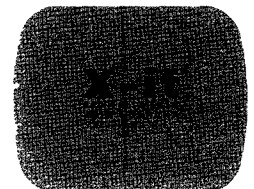
BILL TO	SHIP TO
Core-Mark Dist P O Box 26547 Salt Lake City, UT 84119	Core-Mark Dist 3130 South 1030 West Salt Lake City, UT 84119

Unica Inc
23 W 101 Kings Court
Glen Ellyn IL 60137

Phone 630 790 8107
Fax 630 790 8117
Cell 630 258 0627
info@unicamints.com
www.xit.dk.com

P O NO	TERMS	SHIP DATE	SHIP VIA	FOB
71-1045060	2% 10 Net 30	03/07/2003	ABF	Prepaid

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
2010	X-it Strong Mints, 24/18,	4	505 44	2,021 76



Thank you for your business	Total	\$2,021 76
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RAIGHT BILL OF LADING-SHORT FORM-ORIGINAL-NOT NEGOTIABLE

NAME OF CARRIER

UNICA

CARRIER'S NO

DATE

3/07/2003

SHIPPER'S NO


UNICA

EXCEPT subject to the classification and tariffs in effect on the date of the issue of this Bill of Lading the property described below in apparent good order except as noted (contents and condition of contents of packages unknown) marked consignment as indicated below which said carrier (the word carrier being understood throughout this contract as including any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery as a condition of its carriage and to deliver to another carrier on the route to said destination if mutually agreed, or to each carrier as of all or any of said property over all or any portion of said route to destination, and as to each party of any time interest in said shipment, or (2) if the applicable motor carrier classification or tariff is a motor carrier shipment, the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in the classification or tariff in effect on the date hereof. If this is a motor carrier shipment, the shipper certifies that he is familiar with the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and himself and his agent.

SHIPPER
Lemur (Unica Inc.)
1860 Renaissance Boulevard
Burlington, WI 53177-1743

TO
CONSIGNEE
CORE MARK INTL.
3130 SOUTH 1030 WEST
STREET
SALT LAKE CITY, UT 84119
DESTINATION
PO #71 1045060

ORIGIN (ORIGIN) ROUTE VEHICLE NUMBER

NO OF PACKAGES	+ HM	KIND OF PACKAGE	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORR)	VEHICLE NUMBER	CLASS OR RATE	CHARGES (FOR CARRIER USE ONLY)
1		CARTONS	Mints (food stuff), NMFC 39920	158	70		
PO #71-1045060							
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>ABF FREIGHT SYSTEM 327 251 165</p> <p>HP CODE</p> <p>Driver sign only acknowledges receipt of freight Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF tariffs</p>  </div>							
<p>to 168</p> <p><i>Smiley</i> APR 3-7-03 initials</p>							
** Net Total **				** Total Weight **			
COD TO				** Ship-ment Total **			

Shipment moves between two ports by a carrier by water the bill of lading shall state whether it is carrier's weight. The consignor used for this shipment conform to the standard form in the box carriers' certificate thereon and will adhere to Rule 41 of the Uniform Freight Classification and to National Motor Freight Classification. Shipper's imprint and signature on bill of lading approved by the Interstate Commission.

NOTE Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be as rec'd above.

COD Amt \$
Subject to section 7 of conditions if this shipment is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other charges.
Smiley
(Signature of Consignor)

COD FEE
 PREPAID
 COLLECT \$
TOTAL CHARGES \$
Freight charges are PREPAID unless marked collect. Check box if charges are collect.

Address of shipper: 1860 Renaissance Boulevard, Burlington, WI 53177-1743

Shipper Per: _____ Agent Per: _____
+ MARK WITH X TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

SM SALT LAKE CITY
WEST 800 SOUTH
T LAK UT 84101

ELEPHONE 801-364-6575

OR ACCOUNT OF UNICA INC

ILL TO
CORE MARK DIST
Q BOX 26547
ALT LAKE CITY UT 84119

S A L E S O R D E R NO 53805629

DATE 02/28/03
TERR #
MFG/CUST #
SLSM # 99999
CUST PO # 71-1045060
BUYER 03/13/03

SHIP TO
CORE MARK DIST
3130 SOUTH 1030 WEST
SALT LAKE CITY UT 84119

DELIVER ON 03/13/03 FOB TERMS 2% 10 NET 30 DAYS

SPECIAL INST

CODE #	QTY	PK/SIZE	DESCRIPTION	EXTENDED WT/CUBE	REG COST	PROMO	NET COST
010	4	24/18/100	ST BLACK TINS X	120	505 44		2021 76

***** ORDER TOTALS *****

TOTAL CASES 4
TOTAL WEIGHT 120
TOTAL GROSS DOLLARS 2,021 76
TOTAL PROMOTION DOLLARS 00
TOTAL NET DOLLARS 2,021 76

ADDITIONAL COMMENTS

THANK YOU ASM SALT LAKE CITY
END OF ORDER
_LL

CHECK # **904083216**

CORE-MARK INTERNATIONAL INC

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW

IF NOT CORRECT PLEASE NOTIFY US PROMPTLY

INVOICE DATE CCYY-MM-DD	INVOICE NO.	GROSS AMOUNT	DISCOUNT	NET AMOUNT	DIV NO
2003-03-13	2461	2,021 76	40 44	1 981 32	71
	*** Total ***	2,021 76	40 44	1 981 32	

CORE-MARK INTERNATIONAL INC.

Check No **904083216**

50-937

213



395 Oyster Point Blvd
Suite 415
So San Francisco CA 94080

JPMORGAN CHASE BANK
6040 TARBELL ROAD

SYRACUSE, NY 13206

DATE **03-24** Void 60 Days From Date

AMOUNT \$ *******1,981 32**

Pay to the
Order of

UNICA, INC
23 W 101 KINGS
COURT
GLEN ELLYN, IL 60137

RETURN TO: FED UTICA
FOR REASON INDICATED BELOW
REFER TO MAKER
RETURNED BY
JPMORGAN CHASE BANK

DO NOT
REDEPOSIT

TREASURER

071925431

⑈904083216⑈ ⑆1309379⑆ ⑆100809668⑈

⑈0000198132⑈

Pay To The Order Of
Comm Bank-Wheaton/Glen Eilyn
For Deposit Only

#115512

0710-0250-1
750014948 C710-0030-1
750014948 04-06-03
752014948 3532 3542 08 75 480

07500051
03 31