

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM	
In re		Case Number	



620438

Bar Date Ref # 2-NVM-86989

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

R & S Sacramento Sales
2491 Rice Ave
W Sacramento CA 95691

0354653620438

☐ 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 notice 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 #

94-2848089

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim

☐ replaces or amends

a previously filed claim dated

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 (date) to (date)

(date) (date)

2 DATE DEBT WAS INCURRED
3 IF COURT JUDGMENT, DATE OBTAINED
4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 120.00

(unsecured)

\$ (secured)

(unsecured priority)

\$ 120.00

(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

08/05/03

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)

NANCY BRESHELLS BOOKKEEPER

THIS SPACE FOR COURT USE ONLY

FILED

JG 11 2003

BMC

Filing Companies Claim



03289

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

SACRAMENTO SALES

DA 95691

5820

12363

LID 460067

I N V O I C E

Document Number 034570

Document Date 11/06/02

Page 1

SHLD FLEMING SHD WEST
PO BOX 200

SHLD FLEMING SHD WEST
To 8011 FORDA CIRCLE #200

95576

Cust I.D. : FLGND

P.O. Number

P.O. Date 11/06/02

Job/Order No. 46399

Salesperson : BRETT

034570

11/06/02

NET 00 ONLY

Ordered

Shipped

Unit

Price

Net

Tax

120.00

120.00

WITH PAYMENT
BANK FEE FOR ANY CHECK
SACRAMENTO

Subtotal
Tax
Total

120.00

0.00

120.00

JOB TAG

Nº 46399

R & S OF SACRAMENTO, SALES & SERVICE
 Division of R & S Architectural Products, Inc.
 2491 Rice Avenue
 WEST SACRAMENTO, CA 95691
 PH (916) 371 5320 FAX (916) 371-2363
 Cont Lic No 460057

PO No	Date Ordered 10-23-02	
Order Taken By office	Date Promised 10-25-02	
Work Ordered By Warren Davis	Crew Driver Brett	Helper Rick
WARRANTY	LABOR NONE	Residential <input type="checkbox"/>
	MATERIAL NONE	Commercial <input checked="" type="checkbox"/>
PHONE	Overtime <input type="checkbox"/>	
Lunch On Jobsite <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Warranty Job <input type="checkbox"/>
PHONE 916 381-9252	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Person To Contact Mel or Greg		

Fleming Foods

8371 Kovana Cir

Sacramento Ca. 95828

**WARRANTY CALLS WILL BE MADE
 DURING NORMAL WORKING
 HOURS OF 8 00 A M TO 4 30 P M
 MONDAY THRU FRIDAY**

JOB CODES

DOOR MFG	9519 OPERATOR	6400 GATES	3724 - DOCKS
OVERHEAD DOOR	5107 PASS DOOR	3401 GATE MFG	5538 - SHEET METAL

WORK DESCRIPTION	QUAN	MATERIALS	UNIT COST	AMOUNT
Customer Stated that	1	Tube white Caulk		
we were entering	4'	3/4 backer Rod		
drill Through 1/2				
between wall and				
des USED 3/4' backer				
and White silicone				
Fill Gap Make shift				
waterproofing.				

DATE	CUST INT	CREWS INT	ARRIVE	DEPART	TRAVEL TIME	RATE	AMOUNT
10/25	GLS	B 5	1120	1145	1hr		

DATE	CUST INT	SHOP TIME	START	FINISH	RATE	AMOUNT

<p>UNDERSTOOD AND AGREED BY EACH PARTY HERETO IF SUIT IS BROUGHT TO ENFORCE ANY TERM OF THIS SALES AND SERVICE AGREEMENT THE PREVAILING PARTY SHALL BE ENTITLED TO REASONABLE ATTORNEY'S FEES AS MAY BE FIXED BY THE COURT.</p> <p>TO R & S THAT I AM AUTHORIZED TO BIND THE PURCHASER TO THE TERMS SET FORTH HEREIN.</p> <p>THIS JOB TAG I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT AND I ACKNOWLEDGE THE COMPLETION OF THE DESCRIBED WORK.</p> <p>(Section 7019 Contractors License Law) Under the Mechanics Lien Law any contractor subcontractor laborer or person who helps to improve your property and is not paid for his labor services or material has a right to enforce his claim.</p> <p>Under the law you may protect yourself against such claims by filing before commencing such work of improvement an affidavit of improvement or a modification thereof in the office of the county recorder of the county where the property is located.</p> <p>That a contractor's payment bond be recorded in such office. Said bond shall be in an amount not less than fifty percent of the contract price and shall in addition to any conditions for the performance of the contract be conditioned for the payment in full claims for labor services equipment or materials for the work described in said contract.</p>	TOTAL LABOR	85.00
	TOTAL MATL	35.00
	TAX	
	TOTAL	120.00

CALIFORNIA Contractors are required by law to be licensed and regulated by the Contractors State License Board. Any questions concerning a contractor may be directed to the board whose address is: Contractors State License Board, P.O. Box 26900, Sacramento, CA 95826.

Purchaser or Authorized Agent: [Signature]
 YELLOW HOME OFFICE
 GOLDENROD CUSTOMER
 1 3/4% SERVICE CHARGE PER MONTH AFTER 30 DAYS DUE & PAYABLE UPON RECEIPT