

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

PROOF OF CLAIM



674891

Bar Date Ref # 1-NV-72205

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

Talisman Inn
753 Front St
Quemel BC V2J 2L2
Canada

0354653674891

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 (250) 992-7247

CREDITOR TAX ID # <u>R 105126 509</u>	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>Colony</u>	Check here <input type="checkbox"/> replaces or <input type="checkbox"/> 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): Room nights

Your social security number _____

Unpaid compensation for services performed from 3/6/03 to 3/26/03 (date) (date)

2 DATE DEBT WAS INCURRED as above **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ _____ (unsecured)	\$ _____ (secured)	\$ <u>225.40 (Cdn)</u> (unsecured priority)	\$ <u>225.40 (Cdn)</u> (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.

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
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THIS SPECIFIC COURT
RECEIVED

AUG 14 2003

BMC

DATE SIGNED <u>8/8/03</u>	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) <u>Carsh Collins (manager) Talisman Inn</u>
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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

Fleming Companies Claim

04157

See Other Side For Instructions

EST REGISTRATION & RECEIPT

NO 129		ARRIVAL DATE/TIME 13/03/03	
RATE 49		NUMBER IN PARTY 1	
CHECK OUT DATE 14/03/03		POSTAL CODE V2J 2L2	
PROV STATE BC		COMPANY REPRESENTING	
LICENSE	PROVINCE STATE	MAKE COLOUR	YEAR

NOTICE TO GUESTS This property is privately owned and management reserves the right to refuse service to anyone and will not be responsible for accidents or injury to Guests or for loss of money jewellery or valuables of any kind. The person registering is responsible for all damages caused to room furnishings and fixtures

GUEST SIGNATURE X *[Signature]* No 88266



talisman INN

753 FRONT STREET,
QUESNEL B C V2J 2L2
PHONE (250) 992-7247
FAX (250) 992-3126
TOLL FREE RESERVATIONS
1-800-663-8090
E-MAIL info@talismaninn bc ca
WEB www.talismaninn bc ca

Check out time is 11 00 a m
Guests desiring to occupy the room later please make arrangements at the office
Guests staying over please notify the office

G S T #R105126809
THANK YOU FOR YOUR PATRONAGE WE HOPE WE MAY HAVE THE PLEASURE OF SERVING YOU AGAIN

03/13/03 7:16PM 514#5609 D #111
RM:DP r# \$49.00
ST \$49.00
TAX1 \$3.92
TAX2 \$3.43
CHARGE \$56.35

Billed MAR 31 2003

GUEST REGISTRATION & RECEIPT

NO 121		ARRIVAL DATE/TIME 14/03/03	
RATE 49 ^a		NUMBER IN PARTY 1	
CHECK OUT DATE 17/03/03		POSTAL CODE	
PROV STATE BC		COMPANY REPRESENTING	
LICENSE	PROVINCE STATE	MAKE COLOUR	YEAR

NOTICE TO GUESTS This property is privately owned and management reserves the right to refuse service to anyone and will not be responsible for accidents or injury to Guests or for loss of money jewellery or valuables of any kind. The person registering is responsible for all damages caused to room furnishings and fixtures

GUEST SIGNATURE X *[Signature]* No 88208



the talisman INN

753 FRONT STREET
QUESNEL B C V2J 2L2
PHONE (250) 992-7247
FAX (250) 992-3126
TOLL FREE RESERVATIONS
1-800-663-8090
E-MAIL info@talismaninn bc ca
WEB www.talismaninn bc ca

Check out time is 11 00 a m
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Guests staying over please notify the office

G S T #R105126809
THANK YOU FOR YOUR PATRONAGE WE HOPE WE MAY HAVE THE PLEASURE OF SERVING YOU AGAIN

03/06/03 7:04PM 514#5469 D #111
RM:DP r# \$49.00
ST \$49.00
TAX1 \$3.92
TAX2 \$3.43
CHARGE \$56.35

Billed MAR 31 2003

GUEST REGISTRATION & RECEIPT

NO 129		ARRIVAL DATE/TIME 2/03/03	
RATE 49.00		NUMBER IN PARTY 1	
CHECK OUT DATE 2/03/03		POSTAL CODE V2J 2E9	
COMPANY REPRESENTING (LINE) [Signature]			
CENSE	PROVINCE STATE	MAKE COLOUR	YEAR

NOTICE TO GUESTS This property is privately owned and management reserves the right to refuse service to anyone and will not be responsible for accidents or injury to Guests or for loss of money jewellery or valuables of any kind The person registering is responsible for all damages caused to room furnishings and fixtures

SIGNATURE X [Signature] No 88408



talisman INN

753 FRONT STREET,
QUESNEL, B C V2J 2L2

PHONE (250) 992-7247
FAX (250) 992-3126

TOLL FREE RESERVATIONS
1-800-663-8090

E-MAIL info@talismaninn bc ca
WEB www.talismaninn bc ca

Check out time is 11 00 a m
Guests desiring to occupy the room later please make arrangements at the office
Guests staying over please notify office

G S T #R105126809

THANK YOU FOR YOUR PATRONAGE WE HOPE WE MAY HAVE THE PLEASURE OF SERVING YOU AGAIN

GUEST REGISTRATION & RECEIPT

NO 111		ARRIVAL DATE/TIME 2/03/03	
RATE 49		NUMBER IN PARTY 1	
CHECK OUT DATE 2/03/03		POSTAL CODE V2J 2E9	
COMPANY REPRESENTING (LINE) [Signature]			
CAR LICENSE	PROVINCE STATE	MAKE COLOUR	YEAR

NOTICE TO GUESTS This property is privately owned and management reserves the right to refuse service to anyone and will not be responsible for accidents or injury to Guests or for loss of money jewellery or valuables of any kind The person registering is responsible for all damages caused to room furnishings and fixtures

GUEST SIGNATURE X [Signature] No 88332



the talisman INN

753 FRONT STREET
QUESNEL B C V2J 2L2

PHONE (250) 992-7247
FAX (250) 992 3126

TOLL FREE RESERVATIONS
1-800-663-8090

E-MAIL info@talismaninn bc ca
WEB www.talismaninn bc ca

Check out time is 11 00 a m
Guests desiring to occupy the room later please make arrangements at the office
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G S T #R105126809

THANK YOU FOR YOUR PATRONAGE WE HOPE WE MAY HAVE THE PLEASURE OF SERVING YOU AGAIN

03/27 03 1:01PM 514#5912 0 #44
Rm-DP 149.00
ST 49.00
TAX1 3.92
TAX2 4.43
CHARGE 56.75

Billed MAR 3 1 2003

03/27 03 2:47PM 514#5774 0 #44
Rm-DP 149.00
ST 49.00
TAX1 3.92
TAX2 4.43
CHARGE 56.75

Billed MAR 3 1 2003