

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

PROOF OF CLAIM



590530

Bar Date Ref # 2-NVM-55815

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.

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.

Name of Creditor and Address

Bio Remedies
PO Box 26966
El Paso TX 79926

0354653590530

Creditor Telephone Number ()

CREDITOR TAX ID #

85-0430250

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here 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 _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED (2/10) (3/8) (3/12)

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 409 01 (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

8-11-03

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)

Pamela K. Fannon PAMELA K. FANNON, PRES

FILED
PLACE FOR COURT USE ONLY
AUG 14 2003
BMC

Filing Companies Claim



04236

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



BIO REMEDIES

"Specializing in Drainline Maintenance"
P O BOX 26966 ♦ El Paso, TX 79926
(915) 590-0163 ♦ Fax (915) 590-2228

INVOICE

TERMS NET 15 DAYS

2/10/03

8
Q
C

CUSTOMER

NAME _____

ADDRESS _____

CITY _____ STATE TX

PHONE NO _____ ZIP _____

JOB LOCATION _____

DATE _____ TIME IN _____
OUT _____

SERVICEMAN _____

<input type="checkbox"/> Drain Cleaning		50 ⁰⁰
<input type="checkbox"/> Hydro jetting		
<input type="checkbox"/> Video Inspection		
<input type="checkbox"/> Line Location		
<input type="checkbox"/> Leak Detection		
<input type="checkbox"/> Smoke Test		
<input type="checkbox"/> R/R () Urinal () Toilet		
<input type="checkbox"/> Parts <input type="checkbox"/> Other		
	Sub-Total	
<input type="radio"/> CASH	TAX	4 ¹³
<input type="radio"/> CHARGE <input type="radio"/> CHECK # _____	TOTAL	54 ¹³

COMMENTS

PAST DUE

CUSTOMER SIGNATURE

DATE



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(915) 590-0163 ♦ Fax (915) 590-2228

INVOICE

TERMS NET 15 DAYS

CQ

CUSTOMER

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE NO _____ ZIP _____

JOB LOCATION _____

DATE 3-11-11 TIME IN _____
TIME OUT _____

SERVICEMAN _____

<input checked="" type="checkbox"/> Drain Cleaning	65 min	65.00
<input type="checkbox"/> Hydro Jetting		
<input type="checkbox"/> Video Inspection		
<input type="checkbox"/> Line Location		
<input type="checkbox"/> Leak Detection		
<input type="checkbox"/> Smoke Test		
<input type="checkbox"/> R/R () Urinal () Toilet		
<input checked="" type="checkbox"/> Parts	<input type="checkbox"/> Other	133.50
Sub-Total		198.50
TAX		16.38
TOTAL		214.88

CASH
 CHARGE
 CHECK # _____

COMMENTS

Messy kitchen
Clogged
leak, water
In the
Ligne
PAST DUE

CUSTOMER SIGNATURE

3/11/11
DATE



BIO REMEDIES

"Specializing in Drainline Maintenance"

P O BOX 26966
El Paso, TX 79926
PH (915) 590-0163
FAX (915) 590-2228

INVOICE

DATE	INVOICE #
------	-----------

NET 15 DAYS

BILL TO

3211 28
1
11/17/03

WORK PERFORMED		AMOUNT
PAST DUE		
CUSTOMER SIGNATURE	DATE 11/18/03	TOTAL