

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

**PROOF OF CLAIM**



553584

Bar Date Ref # 2-NVM-11839

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**

Ecs Inc  
5119 Memorial Hwy  
Tampa FL 33634-7356

0354653553584

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 ( ) 813 884 5501

CREDITOR TAX I D #  
47-0740601

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
900 3995

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 \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**2 DATE DEBT WAS INCURRED** 3/15/03      **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**

\$ \_\_\_\_\_ (unsecured)      \$ 2,228.00 (secured)      \$ \_\_\_\_\_ (unsecured priority)      \$ 2,228.00 (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.

**FILED**

**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 parts

Value of collateral \$ 2,228.00

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 4/11/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

AUG 15 2003

**BMC**

**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

**FILED**

THIS SPACE FOR YOUR USE ONLY

AUG 15 2003

**BMC**

DATE SIGNED 8-12-03

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)  
Charles Lloyd  
CHARLES LLOYD  
PRESIDENT

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

04719

**See Other Side For Instructions**



ELECTRIC CONTROL SYSTEMS, INC

\*\*\* INVOICE \*\*\*

<b>Date</b>	15-Mar-03
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<b>Invoice</b>	10361a
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<b>TO:</b> Fleming Companies Facilities Department Attn Jim Phelan 4681 Burbank Road Memphis, TN 38118	<b>Remit to:</b> Electric Control Systems Inc 5119 Memorial Highway Tampa FL 33634
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<b>Terms:</b> Net	<b>PO</b> Verbak	<b>Vendor Number</b> 900 3995
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REF Fleming - GMD - Memphis controls spare parts

Qty	Description	Unit Cost	Extended Cost
2	5 VDC Power Supply	\$73 00	\$146 00
1	WinSystems 80386 CPU	\$1,227 00	\$1,227 00
	Assembled		
	WinSystems 80386 CPU		
	MCM-6117-33-4M		
	CPU Cable		
	WSCBL-173-1		
	CPU Cable		
	WSCBL-247-1		
	128K SRAM		
	WS900-0012-100		
	Flash Mounting Card		
	WSPCM-DOC-D0-C		
	WinSystems Flash DOS		
	RSD-MD2800-D08		
	STD Bus Floppy drive	\$141 00	
	WSFD3-144		
	STD Bus Modem	\$500 00	
	WSMCM-33 6M		
1	I/O Driver	\$160 00	\$160 00
	AC36		
	I/O Terminator	\$39 00	
	TERM1		
	I/O Boards	\$151 00	
	G4 PB32H		
2	I/O Brain Boards	\$211 00	\$422 00
	B4		
10	AC Output Modules	\$13 00	\$130 00
	G4 IAC5		
10	AC Input Modules	\$13 00	\$130 00
	G4 OAC5		
1	DC Input Modules	\$13 00	\$13 00
	G4 IDC5		
		<b>Sub-Total</b>	<b>\$2 228 00</b>
		<b>Tax</b>	
		<b>Total</b>	<b>\$2 228 00</b>

5119 Memorial Highway Tampa, FL 33634-7356  
 Phone (813) 884-5501 FAX (813) 884-4272 Email ECSCRL@ECSFL.COM