

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



678511

Bar Date Ref # 29-N-178704

In re  
**Dunigan Fuels, Inc**

Case Number  
**03-10973**

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  
  
0354652678511  
Petro-chemical Transport Inc  
~~PO Box 601285~~ *4895 Drexler Rd NW*  
~~Charlotte NC 28260-1285~~ *Suite 100*  
*Canton, OH 44718*

Creditor Telephone Number ( )

CREDITOR TAX I D #

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
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other (describe briefly)
  - Retiree benefits as defined in 11 U S C § 1114(a)
  - Wages salaries and compensation (Fill out below)
- Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 375.02 (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

THIS SPECIAL COURT  
USE ONLY

AUG 18 2003

BMC

Fleming Companies Claim



04943

DATE SIGNED  
*8/15/03*

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)  
*Sandra Hester*

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

RUN ON 08/15/03 AT 08 10 53 AM  
 FOR CUTOFF/AGING DATE 8/15/03

Accounts Receivable System  
 Accounts Receivable Age Analysis

Kenan Consolidating Worksheet  
 PATH 3/6 PAGE 1

SORT BY G/L SUB, SALESMAN, NEITHER  
 SORT IN HIGHEST TO LOWEST BALANCE  
 SORT BY CUSTOMER CODE OR NAME  
 SORT BY INVOICE DATE

N  
 N  
 C  
 N

PRINT INVOICES  
 PRINT INVOICES OVER

0 - 9999 DAYS OLD  
 0 00 DOLLARS

St Acctno	Customer Name	G/L	SlsCd	Inv No	Inv Amt	Inv Dt	Fax	Telephone	Contact Name	Pmt Dt	Cr Lim #	Inv	# Days	to Pay
								Current	Over-030	Over-060	Over-090	Over-120	Stmt #	Balance
	DUNI51			** NO CUSTOMER FOUND **										
51	1			3559700	155 16	12/18/02								
51	1			3581845	102 35	12/18/02								
51	1			3603451	115 61	01/08/03								
Open Invoices					373 12	3	Inv							373 12
GRAND TOTALS					373 12	3	Inv	00	00	00	00	373 12		373 12
								0 0%	0 0%	0 0%	0 0%	100 0%		