

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

**PROOF OF CLAIM**



In re

Case Number

Bar Date Ref #

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**

0354653000000

Tri-city Business Products  
PO Bo X 2743  
Portland OR 97208-2743

Creditor Telephone Number (902) 263 0665

CREDITOR TAX ID #  
06 1611068

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
101936

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** 03/24/03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 125.00 (unsecured) \$ (secured) \$ (unsecured priority) \$ 125.00 (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.

THIS SPACE FOR COURT USE ONLY

AUG 18 2003

BMC

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  
8/13/03

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)

*[Signature]*

Fleming Companies Claim  
05081

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



# Tri-City Business Products

585 West 3900 South #2  
Salt Lake City UT 84123  
(801)263-0665  
(801)263-9953

Service \* Supplies \* Sales

FAX \* COPIER \* PRINTER 1-801-263-0665

ID# B2209

LOCATION

FOOD 4 LESS  
2250 N UNIVERISTY PKWY  
PROVO UT  
84604 0000

INVOICE NO

084203 1

INVOICE DATE

03/24/03

TERMS NET 10 DAYS  
FROM INVOICE DATE

CUSTOMER NO.	MODEL AND SERIAL NO	LEASE ID	REPRESENTATIVE	PROGRAM TYPE
101936	C2114 47007235	58 084203	106E03	1CH DI
DATE	PREVIOUS METER	DATE	CURRENT METER	
	INVOICE PERIOD	TO		
		03/24/03	74595	
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
3	9CLU01	COPIER LABOR VENDOR # 9CLU01 ANDI	125 00	
Reference Service Report # 084203				
			TOTAL DUE	
			125 00	

BILL TO

FOOD-4 LESS  
2250 N UNIVERISTY PKWY  
PROVO UT 84604 0000

REMIT TO

Tri-City Business Products  
P O Box 2743  
Portland OR 97208

COMMENTS

PLEASE PAY FROM THIS INVOICE  
OVERDUE ACCOUNTS WILL BE CHARGED A LATE  
PAYMENT FEE OF 1.5% PER MONTH OR TO THE  
EXTENT OF THE LAW



Technician Name <i>[Signature]</i>		Start Time	Odometer Ending 177627
Technician Number 1723	Date 3-24-03	Finish Time	Odometer Starting 147729
Daily Service Activity		Total Expenses	Total Miles 98

Customer: Mike's Auto Tune & Lube

Call Number 12442	Equipment ID 151324	Model Number C3014	Serial Number 47026896
Call Status <input type="checkbox"/> 1 Complete <input type="checkbox"/> 2 Parts <input type="checkbox"/> 3 Time	Call Symptom -	Solution Code A1	Meter Reading 53753

Customer Signature: *[Signature]*

Comments: Minor PM Check & Lube oil.

Used/Order	Quantity	Part Number	Priority

Expenses

Dispatch Date	Dispatch Time 8:00	Odometer Starting
Arrive Date	Arrive Time 8:15	Odometer Ending
Completion Date	Completion Time 9:07	Total Miles 30
Total Time		

Customer: International

Call Number 115832	Equipment ID 13522	Model Number L450	Serial Number 701150
Call Status <input type="checkbox"/> 1 Complete <input type="checkbox"/> 2 Parts <input type="checkbox"/> 3 Time	Call Symptom -	Solution Code A1	Meter Reading 443734

Customer Signature: *[Signature]*

Comments: Fixed Clarity L & R

Used/Order	Quantity	Part Number	Priority

Expenses

Dispatch Date	Dispatch Time 09:17	Odometer Starting
Arrive Date	Arrive Time 09:20	Odometer Ending
Completion Date	Completion Time 10:10	Total Miles 2
Total Time		

Customer: Food 4-less

Call Number 084203	Equipment ID 82209	Model Number C2114	Serial Number 47007235
Call Status <input type="checkbox"/> 1 Complete <input type="checkbox"/> 2 Part <input type="checkbox"/> 3 Time	Call Symptom -	Solution Code A1	Meter Reading 74595

Customer Signature: *[Signature]*

Comments: Clarity & Lube  
Minor Tune-up  
Fixed Door Interlock

Used/Order	Quantity	Part Number	Priority

Expenses

Dispatch Date	Dispatch Time 10:10	Odometer Starting
Arrive Date	Arrive Time 10:27	Odometer Ending
Completion Date	Completion Time 11:06	Total Miles 5
Total Time		