

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

PROOF OF CLAIM



667373

Bar Date Ref # 1-NV-41302

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.

Name of Creditor and Address

Carman Refrigeration
633 N 300 W
Salt Lake City UT 84103

0354653667373

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 (801) 364-6162

CREDITOR TAX ID #

870322977

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 1/2, 2/13, 2/17, 2/28 03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 2,371.45 (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) HVAC Repairs

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 SPACE FOR COURT

USE ONLY

AUG 22 2003

BMC

DATE SIGNED

8/18/03

SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Monette Cook

Fleming Companies Claim



06063

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

- Invoice -

CAEIMAN REFRIGERATION

Commercial Sales and Service Inc
633 North 300 West
SALT LAKE CITY, UTAH 84103
Phone (801) 364 6162 Fax (801) 364-9405

JOB NAME *COOL*
JOB ADDRESS *3130 SD 1030 WEST*
CUSTOMER NO

13081
2 17 03

BILL TO
Fluorocarbon
STATE *UT* ZIP *84103*

MAKE
MOD
S/N

DATE *2-17-03*
*Job in checking all
in the walk in Bay.
Replaced by FUSSES
Fan Cool Fans.
Revised one fan
motor and replaced
~~fan~~ two motors.*

REFRIGERANT RECOVERY

RECOVER # REUSED #

LAUNCH *3/4* HRS @ *OVER TIME* 330.75

TRIP MILES @

TOTAL 330.75 X *Miles 11.1*

STAY
TOTAL DUES

CUSTOMER SIGNATURE
[Signature]

CARMAN REFRIGERATION

Commercial Sales and Service, Inc

633 North 300 West

SALT LAKE CITY, UTAH 84103

Phone (801) 364-6162

Fax (801) 364-9405

JOB ADDRESS COLE HOME

CUSTOMER P.O. _____

DATE 13 Feb 03

DATE 13 Feb 03

- REF & FL
- leak check
 - removed from leak
 - charged refrigerant
 - replace compressor
 - clean evaporator
 - cleaned condenser
 - adjusted control
 - replaced exp. valve
 - replaced evaporator fan
 - replaced cond fan
 - checked and or
 - secured off
 - other services
- Electrical
- repair wiring
 - replaced contactor
 - replaced start relay
 - replaced start capacitor
 - replace start capacitor
 - replaced breaker
 - replaced thermostat
 - replaced terminals
- Filter
- cleaned pan
 - cleaned drain
 - checked hoses
 - replaced hoses
- Air Handler
- lubricate bearings
 - replaced bearings
 - checked and/or
 - adjusted
 - change V belts
 - clean condensate drain
 - cleaned blower
- Heating
- cleaned heat exchanger
 - cleaned burners
 - light pilot
 - replaced gas valve
- Filters
- checked filters
 - cleaned filters
 - changed filters

BILL TO

NAME Glennys Caronick Christensen MAKE _____

NAME _____ MOD _____

ADDRESS PO Box 36544 S/N _____

CITY SLC STATE UT ZIP 84175

QTY	DESCRIPTION	UNIT	PRICE	TOTAL
	LABOR REPAIR OF NEW FREEZER DOOR AND DOOR CHECK OPERATION			
	REFRIGFRANT RECOVERY			
	RECOVER #	REUSED #		

PAID BY _____

DATE _____

TIN _____

WA _____

CO. TRACT _____

FILE # _____

TIME OF YEAR _____

MATERIAL

LABOR

MILEAGE

SUB

TOTAL

TAX

TOTAL MATERIAL			
LABOR	HRS @		63.00
MILEAGE	MILES @		
SUBTOTAL			
SALES TAX			
TOTAL DUE			63.00

CUSTOMER SIGNATURE

Kim Christensen

TERMS NET 30

MONTHLY ON PAID

ACCOUNT