

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re	Case Number



612870

Bar Date Ref # 2-NVM-78727

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

Name of Creditor and Address

0354653612870

Naturopathics Laboratories
One Linden Place Ste 205
Great Neck NY 11021

Creditor Telephone Number ()

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

CREDITOR TAX I D # 22-300767	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or amends a previously filed claim dated _____
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1 BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a)
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages salaries and compensation (Fill out below)
<input type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED <u>1/7/03</u>	3 IF COURT JUDGMENT, DATE OBTAINED
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4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE	\$ <u>8495.36</u> (unsecured)	\$ _____ (secured)	\$ <u>495.36</u> (unsecured priority)	\$ _____ (total)
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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
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**THIS SPACE FOR COURT
USE ONLY
FILED
AUG 26 2003
BMC**

Filing Companies Claim

06598

DATE SIGNED <u>8-25-03</u>	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) <i>Jonathan Stern (Jonathan Stern) Secretary-Treasurer</i>
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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

Naturopathic Laboratories International Inc

One Linden Place, Suite 205
 Great Neck, NY 11021
 (800) 888-4354

INVOICE

Bill To Fleming Companies
 PO Box 26680
 Oklahoma City OK 73126

**Please Remit To
 HSBC Business Credit Inc**

P O Box 7777-W8720 or Dept 49941
 Philadelphia PA 19175 Los Angeles, CA 90088
 (Whichever is nearer)

Please include invoice number on all payments

ShipTo Fleming Companies
 LaCrosse WI 54602

<i>Order number</i>	992561	<i>Invoice number</i>	232952
<i>Payment terms</i>	1%30 Net 31	<i>Date of order</i>	1/17/03
<i>PO Number</i>	992561	<i>Date order shipped</i>	1/17/03
<i>Vendor #</i>		<i>Invoice date</i>	1/17/03

Carmer *Pro #*

Qty Shipped	Item #	Unit Packing	Lot #	Description	Unit Cost	Amount
0	301-48	Case of 48 pieces		Joint-Ritis 3 oz Pump	123 84	\$0 00
4	302-48	Case of 48 pieces		Joint-Ritis 2 oz Roll On	123 84	\$495 36
0	303-48	Case of 48 pieces		Joint-Ritis 3oz Non Greasy Vanishing Cream	480 00	\$0 00
0	304-48	Case of 48 pieces		Joint-Ritis 3oz Odor Free / Vanishing Cream	480 00	\$0 00
0	120-24	Case of 24 pieces		Joint Ritis Medicated Pain Relief Patch	144 48	\$0 00
0	112-48	Case of 48 pieces		Joint Ritis 1 4 Roll On	288 96	\$0 00
0	114-48	Case of 48 pieces		Joint Ritis 1 4 Odor Free/Vanishing Cream	288 96	\$0 00
0	114-48	Case of 48 pieces		Joint Ritis 1 4 Vanishing Cream	288 96	\$0 00
THANK YOU FOR YOUR BUSINESS!						

If there are any discrepancies, please contact

HSBC Business Credit Inc
 452 Fifth Avenue, 4th Floor
 New York, NY 10018

<i>Total Amount Due</i>	495 36
<i>Shipping & handling</i>	
<i>Discount</i>	
<i>Total Amount Due</i>	\$495 36

Fleming PO Report

PO Number 992561 **Purpose** Original
PO Date 01-13-2003 **Delivery Date** 01-23-2003
Ship Method of Paymt Pre-paid by Seller **Transport Mode** Common Carrier
FOB Point Code Destination
Buyer Name

Telephone

232952

Bill To FLEMING COMPANIES

DUNS 006943773LG00

DN11463

Ship To FLEMING LACROSSE # I

DUNS 006943773LG00

1/17

Vendor NATUROPATHIC LABORATORIES

DUNS 1305534310000

J.R. R. (vertical)

UPC Code	Qty Ordered	Qty UofM	List Cost
035307479901	4	Case	\$123 84

Description JOINT-RITIS ROLL ON

2oz

Totals

Qty Ordered 4 Units

Weight 12 8 Pound

PO Total \$495 36

1/13/03
to: Julie

1/17/03 As per Julie
Process at 2oz