

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

**PROOF OF CLAIM**



678182

Bar Date Ref # 29-N-178372

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

**Name of Creditor and Address**  
  
0354652678182  
  
Sinclair Oil Corporation  
PO Box 31824  
Salt Lake City UT 84131

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) 524-2752

CREDITOR TAX I D #  
83-0230188

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
03-10945

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_ if this claim

**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** 03/12/03 - 03/29/03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 67,479.44 (unsecured)      \$ \_\_\_\_\_ (secured)      \$ 67,479.44 (unsecured priority)      \$ 67,479.44 (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 SPACE FOR COURT USE ONLY  
**FILED**  
 AUG 29 2003  
 BMC  
 Filing Companies Claim  
 07092

DATE SIGNED: 8/19/03  
 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):  
 by Scott Mayeda, Sr. Corp. SENIOR CORPORATE ATTORNEY

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

