

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

**PROOF OF CLAIM**



591681

Bar Date Ref # 2 NVM-57028

In 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.

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**  
  
0354653591681  
  
Superior Sanitation Inc  
534 Greenwich Ln  
Coppell TX 75019

Creditor Telephone Number ( ) \_\_\_\_\_

CREDITOR TAX I.D. #  
**02-0549170**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
**551/rhno**

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** \_\_\_\_\_

**3 IF COURT JUDGMENT, DATE OBTAINED** \_\_\_\_\_

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ **10,962.25** (unsecured) \$ \_\_\_\_\_ (secured) \$ **10,962.25** (total) (unsecured priority)

**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

**FILED**  
 THIS SPACE FOR COURT USE ONLY  
 SEP 05 2003  
**BMC**

**DATE SIGNED** **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).  
**9-2-03** **Kelly Revis** Kelly Revis Vice President Superior Sanitation Inc

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

Filing Companies Claim  
 08325

**See Other Side For Instructions**

**Superior Sanitation, Inc.**

P O Box 2349  
Coppell, TX 75019  
(972) 745-2063  
Fax (972) 745-3524

# Invoice

Date	Invoice #
7/29/2002	2004

## Bill To

Fleming #8928  
Store Director  
3419 Trinity Mills  
Dallas TX 75287

P O No	Terms	Due Date
1284 7/23	Net 30	8/28/2002

Item	Description	Qty	Rate	Amount
Labor	Store Request Regular Service for Night Off July 24 2002	1	201 90	201 90T

Thank you for your business	<b>Subtotal</b>	\$201 90
	<b>Sales Tax (8 25%)</b>	\$16 66
	<b>Total</b>	\$218 56

**Superior Sanitation, Inc.**

# Invoice

P O Box 2349  
Coppell, TX 75019  
(972) 745-2063  
Fax (972) 745-3524

Date	Invoice #
10/15/2002	2528

### Bill To

Fleming #8928  
Store Director  
3419 Trinity Mills  
Dallas TX 75287

P O No	Terms	Due Date
10/15/02 FC	Net 30	11/14/2002

Item	Description	Qty	Rate	Amount
Bi-weekly floorcare	SSi Floorcare Service 10/02 10/15/02 Final SSi Invoice  Thank you for your business	1	1 800 00	1 800 00T

<b>Please remit to above address</b>	<b>Subtotal</b>	\$1 800 00
	<b>Sales Tax (8.25%)</b>	\$148 50
	<b>Total</b>	\$1 948 50

**Superior Sanitation, Inc.**

P O Box 2349  
Coppell, TX 75019  
(972) 745-2063  
Fax (972) 745-3524

# Invoice

Date	Invoice #
9/3/2002	2229

## Bill To

Fleming #8950  
Store Director  
1801 W Parker Road  
Plano, TX 75023

P O No	Terms	Due Date
9/03/02 FC	Net 30	10/3/2002

Item	Description	Qty	Rate	Amount
B1 weekly floorcare	SS1 Floorcare Service August 21 September 3 2002	1	2 677 50	2 677 50T

Thank you for your business

<b>Subtotal</b>	\$2,677 50
<b>Sales Tax (8.25%)</b>	\$220 89
<b>Total</b>	\$2 898 39

**Superior Sanitation, Inc.**

# Invoice

P O Box 2349  
Coppell, TX 75019  
(972) 745-2063  
Fax (972) 745-3524

Date	Invoice #
9/17/2002	2308

## Bill To

Fleming #8950  
Store Director  
1801 W Parker Road  
Plano TX 75023

P O No	Terms	Due Date
9/17/02 FC	Net 30	10/17/2002

Item	Description	Qty	Rate	Amount
Bi-weekly floorcare	SSi Floorcare Service 9/04/02 9/17/02	1	2 677 50	2 677 50T

**Thank you for your business**

**Subtotal** \$2 677 50

**Sales Tax (8.25%)** \$220 89

**Total** \$2 898 39

**Superior Sanitation, Inc.**

# Invoice

P O Box 2349  
Coppell, TX 75019  
(972) 745-2063  
Fax (972) 745-3524

Date	Invoice #
10/15/2002	2530

## Bill To

Fleming #8950  
Store Director  
1801 W Parker Road  
Plano, TX 75023

P O No	Terms	Due Date
10/15/02 FC	Net 30	11/14/2002

Item	Description	Qty	Rate	Amount
Bi weekly floorcare	SSi Floorcare Service 10/02-10/15/02 Final SSi Invoice  Thank you for your business	1	2 677 50	2 677 50T

**It's been a pleasure working with you!**

**Subtotal** \$2 677 50

**Sales Tax (8.25%)** \$220 89

**Total** \$2 898 39

**Superior Sanitation, Inc.**

# Invoice

P O Box 2349  
 Coppell, TX 75019  
 (972) 745-2063  
 Fax (972) 745-3524

Date	Invoice #
5/16/2002	1505

## Bill To

Rainbow Foods #8953 Store Director 8800 Lakeview Parkway Rowlett TX 75088
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P O No	Terms	Due Date
5/07/02	Net 30	6/15/2002

Item	Description	Qty	Rate	Amount
WIN108	Roll Towel Natural	1	18 25	18 25
WIN202	Toilet Tissue Jumbo 2-ply	1	27 95	27 95

Please remit to above address	<b>Subtotal</b>	\$46 20
	<b>Sales Tax (8.25%)</b>	\$3 81
	<b>Total</b>	\$50 01

**Superior Sanitation, Inc.**

# Invoice

P O Box 2349  
Coppell, TX 75019  
(972) 745-2063  
Fax (972) 745-3524

Date	Invoice #
6/3/2002	1533

## Bill To

Rainbow Foods #8953  
Store Director  
8800 Lakeview Parkway  
Rowlett, TX 75088

P O No	Terms	Due Date
F505CH	Net 30	7/3/2002

Item	Description	Qty	Rate	Amount
WIN108	Roll Towel Natural	1	18 25	18 25T
WIN202	Toilet Tissue Jumbo 2-ply	1	27 95	27 95T

Please remit to above address

<b>Subtotal</b>	\$46 20
<b>Sales Tax (8.25%)</b>	\$3 81
<b>Total</b>	\$50 01