

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

**PROOF OF CLAIM**



592640

Bar Date Ref # 2 NVM-58054

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**

Ssi/rhino  
534 Greenwich Ln  
Coppell TX 75019

0354653592640

Creditor Telephone Number ( )

CREDITOR TAX I D #

02-0599170

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Superior Sanitation, Inc

Check here if this claim

replaces or amends

a previously filed claim dated

**1 BASIS FOR CLAIM**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages salaries and compensation (Fill out below)

Your social security number

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

\$ (unsecured priority)

\$ 10,962.25 (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

THE STATE OF COURT  
SECURITY

SEP 05 2003

BMC

Filing Companies Claim



08326

DATE SIGNED

9-2-03

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)

Kelly Reris Kelly Reris 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

See Other Side For Instructions

**Superior Sanitation, Inc.**

# Invoice

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

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

<b>Thank you for your business</b>	<b>Subtotal</b>	\$201 90
	<b>Sales Tax (8.25%)</b>	\$16 66
	<b>Total</b>	\$218 56

**Superior Sanitation, Inc.**

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

# Invoice

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 00

<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.****Invoice**

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

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
Bi-weekly floorcare	SS1 Floorcare Service August 21 - September 3 2002	1	2 677 50	2 677 50T

<b>Thank you for your business</b>	<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
B1 weekly floorcare	S31 Floorcare Service 9/04/02 - 9/17/02	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  
 Coppel, 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	SS1 Floorcare Service 10/02-10/15/02 Final SS1 Invoice  Thank you for your business	1	2 677 50	2 677 50T

<b>It's been a pleasure working with you!</b>	<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  
 Coppel, 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

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 25T
WIN202	Toilet Tissue Jumbo 2 ply	1	27 95	27 95T

<b>Please remit to above address</b>	<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