

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

PROOF OF CLAIM



545066

Bar Date Ref # 2-NVM-3084

In re	Case Number
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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

0354653545066

Tw Maintenance Inc
PO Box 145
Hatboro PA 19040

Creditor Telephone Number (215) 675 2954

CREDITOR TAX ID # 23 266 7039	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim	<input type="checkbox"/> replaces or amends a previously filed claim dated _____
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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 Feb & March 2003	3 IF COURT JUDGMENT, DATE OBTAINED
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4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 1722.50 (Feb) (unsecured)	\$ 2337.12 (March) (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.

<p>BY MAIL TO</p> <p>Bankruptcy Management Corporation P O BOX 900 El Segundo CA 90245-0900</p>	<p>BY HAND OR OVERNIGHT DELIVERY TO</p> <p>Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo CA 90245</p>
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THIS SPACE FOR COURT USE ONLY

FILED

SEP 15 2003

BMC

Filing Companies Claim

12706

DATE SIGNED 9-10/2003	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) Sherril L. Benge, President
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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

INVOICE

T W MAINTENANCE, INC
P O BOX 145
HATBORO, PA 19040
 215-675-2954

Send To Jim Venezia
 Fleming Companies, Inc
 201 W Church Road, Box 1526
 King of Prussia, PA 19406

Invoice Number
Invoice Date

2003 - 02
February 28, 2003

Date	Description of Services		Amount
2/28/03	Janitorial Services - February 2003		
	February - Daily		\$1,500 00
	Miscellaneous Work		
	Supplies		
	Trash Bags	0	\$0 00
	Jumbo Toilet Paper	0	\$0 00
	Go-Jo	0	\$0 00
	Pink Hand Soap/Lotion	0	\$0 00
	Gallon Soap	0	\$0 00
	Toilet Seat Covers	0	\$0 00
	Sanitary Bags	0	\$0 00
	Toilet Paper	0	\$0 00
	Sanifresh Triangle Soap	0	\$0 00
	Pearl Pink Box Soap	0	\$0 00
		TAX	\$90 00
TOTAL			\$1,590 00

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201 W Church Road, Box 1526
King of Prussia, PA 19406

Invoice Number
Invoice Date

2003 - 02
February 28, 2003

Date		Description of Services		Amount
2/28/03		Janitorial Services - February 2003 February Clean Carpets - Water Area		\$125 00
TOTAL			TAX	\$7 50
				\$132 50

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 King of Prussia, PA 19406

Invoice Number
Invoice Date

2003 - 03
March 31, 2003

Date	Description of Services		Amount
3/31/03	Janitorial Services - March 2003		
	March - Daily		\$1,500 00
	Miscellaneous Work		
	Supplies		
	Trash Bags	0	\$0 00
	Jumbo Toilet Paper	0	\$0 00
	Go-Jo	0	\$0 00
	Pink Hand Soap/Lotion	0	\$0 00
	Gallon Soap	0	\$0 00
	Toilet Seat Covers	0	\$0 00
	Sanitary Bags	0	\$0 00
	Toilet Paper	0	\$0 00
	Sanifresh Triangle Soap	0	\$0 00
	Pearl Pink Box Soap	0	\$0 00
		TAX	\$90 00
TOTAL			\$1,590 00

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Invoice Number
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2003 - 03
March 31, 2003

Date		Description of Services		Amount
3/31/03		<p data-bbox="508 1024 855 1056">Janitorial Services - March 2003</p> <p data-bbox="360 1115 431 1146">March</p> <p data-bbox="393 1171 789 1230">Clean Carpets - Front Office Area Clean Windows (inside and outside)</p>		<p data-bbox="1268 1171 1349 1203">\$550 00</p> <p data-bbox="1268 1203 1349 1234">\$152 00</p> <p data-bbox="1045 1755 1095 1787">TAX</p> <p data-bbox="1276 1755 1349 1787">\$42 12</p>
TOTAL				\$744 12