

UNITED STATES BANKRUPTCY COURT

Name of Debtor J L FRENCH		DBA	DISTRICT WILMINGTON	DELAWARE 09-12445
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Note: This form should not be used to make a claim for an administrative expense arising after the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. 503

Name of Creditor XEROX CORP	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 and address where notices should be sent XEROX CAPITAL SERVICES LLC ATTN: VANESSA ADAMS 1301 RIDGEVIEW DRIVE-450 LEWISVILLE, TX 75057	Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court
Telephone number: 972-420-5963	

THIS SPACE IF FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: SEE ATTACHED	Check here if claim: a previously filed claim dated. _____
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<input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed Money loaned Personal injury / wrongful death Taxes Other <u>SEE ATTACHED</u>	RECEIVED SEP 03 2009 BMC GROUP	Retiree benefits as defined in 11 U.S.C. 114(a) Wages, salaries, and compensation [fill out below] Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date)
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2. Date debt was incurred: [SEE ATTACHED] **3. If court judgment, date obtained**

4. Total Amount of Claim at Time Case Filed: \$600.95

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
 Brief Description of Collateral:
 Real Estate
 Motor Vehicle
 Other _____
Value of Collateral: \$ _____

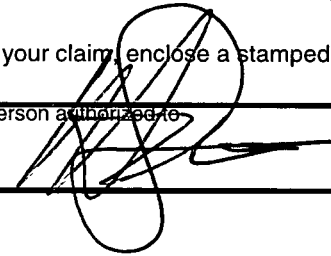
6. Unsecured Priority Claim

Check this box if you have an unsecured priority claim
 Amount entitle to priority \$ _____
 Specify the priority of the claim
 Wages, salaries or commissions up to \$4,300. 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)
 Contribution to an employee benefit plan - 11 U.S.C. 507 (a) (4)
 Up to \$1,950* 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 USC 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 a promissory notes, purchase orders, invoices, itemized statements of runnig 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 the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.

Date 8/20/2009	Sign and print the name an title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Xerox Corporation by its servicing agent Xerox Capital Xervices LLC		US BANKRUPTCY COURT DISTRICT OF DELAWARE 2009 AUG 28 AM 11:18 FILED	THIS SPACE IF FOR COURT USE ONLY
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Risk Recovery Department
 Xerox Capital Services, LLC
 Vanessa O. Adams
 Post Office Box 660506
 Dallas, Texas 75266-9937
 Telephone: 972-420-5963
 Facsimile: 972-420-5110

Customer Name:

J L FRENCH

LEASE[S] - Meters

\$ 600.95

Total Due:

Customer Number	Invoice Number	Invoice Date	Invoice Amount	Serial Number	Principle Balance	NOTE
450004148	A41282216	7-1-09	\$ 600.95	8YG065506		Pre petition re-bill
TOTALS			\$ 600.95		\$ -	\$ -

CHP 11
 DE
 7/13/2009
 09-12445

Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CAPITAL SERVICES, LLC TO ORDER SUPPLIES
GENERAL MARKETS CALL OUR TOLL
CUSTOMER BUSINESS CENTER FREE NUMBER
P O BOX 660501 1-800-822-2200
DALLAS, TX 75266-0501

P091533-00
Purchase Order Number
Special Reference
Contract Number

Telephone: 888-339-7887
www.xerox.com/eSupportCentre

PAYABLE ON RECEIPT
Terms and Conditions of Payment

Ship To/Installed At
J L FRENCH CORP

Bill to:
J L FRENCH CORP

07/01/09
Invoice Date

3101 S TAYLOR DRIVE
SHEBOYGAN WI
53081

PO BOX 1024
SHEBOYGAN

WI
53082

041282216
Invoice Number
450004148
Customer Number

8830-DDS DIGITAL DOC SYSTEM SER.# 8YG-065506
BAND 4

MONTHLY BASE	JULY	830.00
ACCESSORY MAINTENANCE CHARGE FOR JULY		
7356 TRAY FOR DDS	SER.# DDS-CT	INCL
8830DDS INST. CHG.	SER.# DDS-INST	INCL
8830 FOLD W/KITS	SER.# 8830-FOLD	180.00
	SUB TOTAL	1,010.00
WISCONSIN	TAX 5.0000%	50.50
	TOTAL	1,060.50

YOUR PURCHASE ORDER P091533-00 EXPIRED 01-30-08.
PLEASE INITIATE AN AMENDMENT OR RENEWAL ORDER.

DUPLICATE INVOICE
XEROX FEDERAL IDENTIFICATION # 16-046-8020

Please detach the payment portion and return with your remittance

Ship To/Installed At
J L FRENCH CORP

Bill To
J L FRENCH CORP

Send Payment To:
XEROX CORPORATION
P.O. BOX 802555
CHICAGO, IL
60680-2555

3101 S TAYLOR DRIVE
SHEBOYGAN WI
53081

PO BOX 1024
SHEBOYGAN WI
53082

For Xerox Use Only

PLEASE PAY THIS AMOUNT ->

\$1,060.50

16-046-8020	450004148	041282216	07/01/09
RT015008	020109		
03 6M5B DH24	H 00000	59N1 2 B15	
202100008070060	041282216	106050	450004148

Customer Information

Invoice

Payment

I/N 041282216 DT 070109 SER# 8YG065506 CONT
PO# P091533-00 S/R
8830-DDS DIGITAL DOC SYSTEM SER.# 8YG-065506

12:12 08/20/09
C/N 450004148 T/C 1 ISOL5040

MONTHLY BASE	JULY	830.00
ACCESSORY MAINTENANCE CHARGE FOR JULY		
7356 TRAY FOR DDS	SER.# DDS-CT	INCL
8830DDS INST. CHG.	SER.# DDS-INST	INCL
8830 FOLD W/KITS	SER.# 8830-FOLD	180.00
	SUB TOTAL	1,010.00
WISCONSIN	TAX 5.0000%	50.50
	TOTAL	1,060.50

YOUR PURCHASE ORDER P091533-00 EXPIRED 01-30-08.
PLEASE INITIATE AN AMENDMENT OR RENEWAL ORDER.
RT015008 020109

Pre petition \$ 600.95

03 6M5B DH24
ACT KEY

H 00000 59N1 2 B15

PAGE 01 MORE