

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
<b>In Re Knorr Corporation, et al.</b>		<b>Case Numbers 02-02462 through 02-02499</b>
<b>Name of Debtor:</b> (see attached for complete list of debtors)		<b>Case Number:</b>
NOTE: This form should not be used to file a claim for an administrative expense arising after the commencement of the case. Expenses of this nature may be filed pursuant to 11 U.S.C. § 503.		<b>Your claim is scheduled as follows:</b>
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property):  11 2391544  FRIENDS TV 1835-57 OCEAN ST MARSHFIELD, MA 02050		<b>Class</b>  UNSECURED NON PRIORITY
<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		<b>Amount</b>  \$1,226.30
<b>If address differs from above, please complete the following:</b>		10572855
Creditor Name:		This Space is for Court Use Only
Address:		
City/St/Zip:		
Telephone: # 781-837-0839		
Account or other number by which creditor identifies debtor: DUNS# 00-079-0977	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2. Date debt was incurred:</b> 12/2001 - 2/2002 delivery dates	<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ _____		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.		
<input type="checkbox"/> 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.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____	<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <input type="checkbox"/> 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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> 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. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space is for Court Use Only  CL 4884  4-12-02
Date 4/6/02	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): Joyce F. Leonard OWNER Joyce F. LEONARD	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

11/2/02 delivered

WARRANTY # 00-079-0977

Home # 7766  
 Home # 7766  
 Home # 7766

Home # 7766

185-7100 St  
 Marshfield, MA 02050  
 1-800-849-0839  
 (781) 837-0839  
 Fax (781) 837-3682

BRAND	MODEL / SER. NO.	W/BOX	W/WARRANTY	W/REPAIR CHARGE	UNCL. MNT. AL. BOX	WARRANTY	No. Wks. Month	REPAIR CHARGE	CUST. SLIP NUMBER	FR. TV SLIP	Comments
SYL	64137A			1500	688398	71491					Done
SYL	1430/1914			2850	688572	71492					Done
SYL	64137A			2850	688571	71493					Done
RCA	8223DB005			2850	688570	71495					Done
ZEN	B13A02D			5500	201480	71497					Done
PHILIPS	GT15EA199L			N/A	201473	71496					Done
PHILIPS	PRO925 Birc1			3850	201467	71498					Done
Philips	74972 741			3850	201477	71499					Done
Seny	SL1 N51			3850	201475	71378					Done
Seny	1B0367573			3145	201479	71375					Done
RCA	R5 2519			2850	201478	71376					Done
RCA	120300509			2900	201475	71378					Done
Sharp	AD8A25C			1500	688574	71501					Done
Sharp	105984 65 AP			3850	201471	71377					Done
Samtron	51D21A			3850	201471	71377					Done
Samtron	6VBNB00319Z/XAA			3850	201476	71411					Done
SYL	6313CA			1500	688577	69584					Done
SYL	129037133			3850	201476	71411					Done
Sony	SLV N51			3850	201471	71377					Done
Sony	1B0309054			3850	201476	71411					Done
SAMSUNG	DVD M101			1500	688577	69584					Done
SAMSUNG	61CR409277X			1500	688577	69584					Done
RCA	EST 615 447			1500	688577	69584					Done
RCA	644437 447			1500	688577	69584					Done

*[Signature]*

Comments

JUNK

JUNK

JUNK





12/25/01 Delivered  
 Kuper + Brighton

DUNS #00-079-0877  
 STORE # 9424

DUNS #00-079-0877  
 STORE # 9424

CUSTOMER  
 WARRANTY  
 No. WAR. MONTHS  
 REPAIR CHARGE  
 CUST. SLIP NUMBER  
 FR. TV SLIP NO.

Plenda TV  
 1055-57 Ocean St.  
 Norwalk, MA 02050  
 1-800-648-0839  
 (761) 857-0839  
 Fax (761) 857-3982

BRAND	MODEL / SER. NO.	QTY	PRICE	TOTAL	WARRANTY	REPAIR CHARGE	CUST. SLIP NUMBER	FR. TV SLIP NO.	STATUS
SYL	TV 199K	1	32.00	218615	71402				Done ✓
SYL	TV 199K	1	38.50	252591	71407				Done
SYL	TV 199K	1	38.50	252554	71401				Done
SYL	TV 199K	1	38.50	218829	71412				Done
SYL	TV 199K	1	55.00	218808	71408				Done
SYL	TV 199K	1	202.50						Done
SYL	TV 199K	1	369.40						Done
SYL	TV 199K	1	571.90						Done
SYL	TV 199K	1	28.50	218905	71131				Done ✓
SYL	TV 199K	1	15.00	252580	71046				Done ✓
SYL	TV 199K	1	615.70						Done ✓

WARRANTY