FORM B10 (Official Form 10) (04/04) SOUTHERN DISTRICT OF INDIANA

UNITED STATES BANKRUPTCY COURT ~~WESTERN~~ DISTRICT OF ~~KENTUCKY~~

PROOF OF CLAIM

Name of Debtor	Case Number
Kiel Brothers Oil	04-11121-BHL-11

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

Name of Creditor (The person or other entity to whom the debtor owes money or property)
S & J Lighting/Lense Supply Inc

Name and address where notices should be sent
2515 DATA DRIVE
Louisville Ky 40299

Telephone number 502 499 5516

☐ 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
KENT 117 Kiel Brothers Oil Company Inc

Check here ☐ replaces if this claim ☐ amends a previously filed claim dated _____

1 Basis for Claim

☑ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred
5-11-04

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 2137.75 (unsecured) _____ (secured) _____ (priority) _____ (Total)

If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 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 if any $_____

6 Unsecured Nonpriority Claim $_____

☑ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

7 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4 925) * 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 $2 225* 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 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

10 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

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FILED
JUL 12 2004
BMC

Kiel Bros
00012

Date	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):
7-7-04	

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C

S & J LIGHTING, INC
2515 DATA DRIVE
LOUISVILLE, KY 40299
USA

Voice 502-499-5516
Fax 502-491-0553

Statement

Statement Date
Jun 30, 2004

Customer ID
KENT117

Account Of
KIEL BROTHERS OIL COMPANY,INC
3801 TUPELO DRIVE
COLUMBUS, IN 47202-0344

Amount Enclosed
$ _____

Date	Date Due	Reference	Paid	Description	Amount	Balance
5/11/04	6/10/04	61823			356 32	356 32
5/11/04	6/10/04	61824			59 36	415 68
5/11/04	6/10/04	61831		005856	199 49	615 17
5/11/04	6/10/04	61832		004143	69 38	684 55
5/19/04	6/18/04	62079		005869	125 29	809 84
5/19/04	6/18/04	62080		6171	256 22	1,066 06
5/19/04	6/18/04	62081			52 70	1,118 76
5/21/04	6/20/04	62222		6183	25 31	1,144 07
5/21/04	6/20/04	62223		4146	54 38	1,198 45
5/28/04	6/27/04	62529		6186	47 54	1,245 99
6/1/04	7/1/04	62598		006257	401 10	1,647 09
6/1/04	7/1/04	62599		6191	345 98	1,993 07
6/1/04	7/1/04	62600		6255	194 92	2,187 99
6/1/04	7/1/04	62601			298 50	2,486 49
6/18/04	7/18/04	63080		6260	24 34	2,510 83
6/18/04	7/18/04	63081		5900	103 04	2,613 87
6/18/04	7/18/04	63084		006262	96 83	2,710 70
6/18/04	7/18/04	63085		6195	128 95	2,839 65
6/18/04	7/18/04	63087		6197	34 66	2,874 31

NOTE: HAVE SIGNED DOCUMENTS ON EACH INVOICE

TOTAL 2,137 75

0 - 30	31 - 60	61 - 90	Over 90 days
1,628 32	1,245 99	0 00	0 00

Please attend to this payment as soon as possible