PROOF OF CLAIM

In re

Kiel Bros Oil Company, Inc

Case Number

04-11121-BHL

YOUR CLAIM IS SCHEDULED AS

Schedule/Claim ID s279

Amount/Classification

$295 87 Unsecured

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 and Address

05610214009054

CUNNINGHAM OVERHEAD DOOR
SERVICE, INC
2133 FRANKFORT AVE
LOUISVILLE KY 40206 2001

Creditor Telephone Number ( )

☐ 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

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor

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)
Last four digits of SS # _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED 5-6-04 & 10-8-04

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

$ 295.87	$	$	$ 295 87
(unsecured)	(secured)	(unsecured 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 $ 295 87

☒ 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 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 actually received on or before 5 00 pm, Pacific Standard Time on October 15, 2004 for Non-Government Claimants OR on or before November 1, 2004 for Governmental Units

BY MAIL TO
Kiel Bros Oil Company Inc
c/o BMC Group f/k/a Bankruptcy Management Corp
PO Box 988
El Segundo, CA 90245-0988

BY HAND OR OVERNIGHT DELIVERY TO
Kiel Bros Oil Company Inc
c/o BMC Group f/k/a Bankruptcy Management Corp
1330 East Franklin Ave
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED
OCT 19 2004
BMC
Kiel Bros
00439

DATE SIGNED 10-13-04

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)

Cindy A. Cunningham TREAS

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

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INVOICE # **00031900**

AMOUNT DUE 219 87

DATE DUE 06/05/2004

KIEL BROTHERS OIL COMPANY
P O BOX 344
COLUMBUS IN 47202

HOLIDAY MANOR BP
4944 US HWY 42
LOUISVILLE KY 40222

812-342-5700	16577	S36552-COD
NET 30 DAYS	05/06/2004	06/05/2004

1 0000	Commercial Service Run	44 00	44 00
1 0000	Spring Clamp	2 12	2 12
37 5000	243 X 2" Torsion Spring, per inch, RH	1 22	45 75
0 2500	Labor - GOODMAN	128 00	32 00
0 2500	Labor - THRASHER	0 00	0 00
0 7500	Labor - HANS	128 00	96 00
0 7500	Labor - PERRY	0 00	0 00

Please pay from invoice No statement sent No discounts allowed Write invoice # on check Thank You!
A 1 1/2% monthly service charge will be charged on past due balance This is an annual rate of 18%

Notes

Description of Work DOOR #2 - CLAMPED AND REWOUND SPRING REPLACED SPRING RESET CABLES AND SERVICED DOOR

Sales Person LEE GRIDER

Total	**219 87**
Receipts	0 00
Balance Due	**219 87**

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INVOICE # **00033319**

AMOUNT DUE 76 00

DATE DUE 07/08/2004

KIEL BROTHERS OIL COMPANY
P O BOX 344
COLUMBUS IN 47202

BP STORE #D124
10600 SHELBYVILLE RD
LOUISVILLE KY

812-342-5700	17241	S37820-COD
NET 30 DAYS	06/08/2004	07/08/2004

1 0000	Commercial Service Run	44 00	44 00
0 2500	Labor - HOTTINGER	128 00	32 00
0 2500	Labor - JONES	0 00	0 00

Please pay from invoice No statement sent No discounts allowed Write invoice # on check Thank You!
A 1 1/2% monthly service charge will be charged on past due balance This is an annual rate of 18%

Notes

Description of Work 1ST BAY DOOR - ADJUSTED TOP ROLLER BRACKETS AND SERVICED DOOR

Sales Person LEE GRIDER

Total	**76 00**
Receipts	0 00
Balance Due	**76 00**

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