REC'D NOV 24 2004

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID $1759
Amount/Classification
$1 504.75 Unsecured

US BANKRUPTCY CT
S. DIST. IND.
2004 DEC 12 AM 10 44
FILED

In re

Kiel Bros Oil Company, Inc

Case Number

04-11121-BHL

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.

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

Name of Creditor and Address:

[redacted] 05610214010397

HENRY COUNTY GLASS & MIRROR
HENRY COUNTY GLASS & MIRROR
1018 WOODWARD AVE
NEW CASTLE IN 47362-4467

Creditor Telephone Number (765) 529-8455

Creditor Federal Tax ID: 35-2108633

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 6/16/04

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

$ _____ (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 COMMERCIAL FRAME, DOOR, TRANSOM

Value of Collateral $ 1154.75 + 350.00 LABOR = 1504.75

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 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

DATE SIGNED 10/7/04

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)

Rachel Hamby, V P OWNER (RACHEL HAMBY)

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

Kiel Bros
00467

xtremely Urgent

ıll 1-800-PICK-UPS® (1-800-742-5877) or visit UPS.com®

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NOV 24 2004
BMC

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41006/24565 sbl
Bankruptcy Management Corporation
Attn Kiel Bros Claims Agent
1330 East Franklin Avenue
El Segundo, CA 90245

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