

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re:

**Donald and Rolene Owens,**

**Bankr. No. 02-42812-NCD**  
Chapter 7 Case

Debtor(s).

**NOTICE OF HEARING AND MOTION  
ON OBJECTION TO ALLOWANCE OF  
CLAIMS**

1. John R. Stoebner, trustee of the above-captioned estate, moves the Court for the relief requested below and gives notice of hearing herewith.

2. The Court will hold a hearing on this motion on February 18, 2004, at 11:00 a.m., in Courtroom No. 7 West, at U.S. Courthouse, 300 South Fourth Street, Minneapolis, Minnesota 55415, or as soon thereafter as counsel can be heard. Any response to this motion must be filed and delivered not later than February 11, 2004, which is seven days before the time set for the hearing, or filed and served by mail not later than February 6, 2004, which is ten days before the time set for the hearing. **IF NO RESPONSE IS TIMELY SERVED AND FILED, THE COURT MAY GRANT THE RELIEF REQUESTED WITHOUT A HEARING.**

3. This Court has jurisdiction over this motion pursuant to 28 U.S.C. §§ 157 and 1334, Bankruptcy Rule 5005 and Local Rule 1070-1. This proceeding is a core proceeding. The petition commencing this Chapter 7 case was filed on September 3, 2002, and the case is now pending before this Court.

4. This motion arises under 11 U.S.C. § 502 and Bankruptcy Rule 3007. This motion is filed under Bankruptcy Rule 9014 and Local Rules 3007-1 and 9013-1 through 9019-1(d). Movant requests relief with respect to the following objection to allowance of claims.

5. The following claimants filed a Proof of Claim in the above-captioned case. True and correct copies of said claims are attached hereto.

<b>Claimant</b>	<b>Date Filed</b>	<b>Amount</b>	<b>Type of Claim</b>	<b>Claim No.</b>
RJB	06/18/03	350.00	Unsecured, non-priority	1
Skinner Transfer Corp.	06/19/03	617.00	Unsecured, non-priority	2
Riley Transportation	06/19/03	1,070.00	Unsecured, non-priority	3
A2B-4U	06/23/03	500.00	Unsecured, non-priority	5
Northland Trucking Inc.	06/23/03	2,700.00	Unsecured, non-priority	6
RJM X-Press	06/23/03	1,650.00	Unsecured, priority wage	8
Ken Compton Jr Trkg Inc	07/03/03	600.00	Unsecured, non-priority	11
True Way Logistics	07/14/03	2,000.00	Unsecured, non-priority	13

6. The Trustee objects to the claims identified above on the basis that the attachments to the Proof of Claims indicate the claims are the obligation of Don Owens Trucking & Brokerage Services, Inc. or Genesis Transport, Inc. and not Debtors personally. The Trustee made written demand upon the Claimants for withdrawal of their claims as not being an obligation owed by the Debtors in this case or, alternatively, for documentation supporting the assertion of personal liability. Claimants failed to respond and/or provide proof of the Debtors' personal liability.

7. Except to the extent Claimants show evidence supporting an assertion of personal liability, said claims should be disallowed in their entirety.

**WHEREFORE**, the Trustee respectfully moves the Court for an Order that disallows the aforesaid claims; and for such other relief as may be just and equitable.

LAPP, LIBRA, THOMSON, STOEbNER  
& PUSCH, CHARTERED

Dated: January 5, 2004

/e/ John R. Stoebner  
John R. Stoebner (#140879)  
One Financial Plaza, Suite 2500  
120 South Sixth Street  
Minneapolis, MN 55402  
612/ 338-5815

Attorneys for Trustee

### **VERIFICATION**

I, John R. Stoebner, the moving party named in the foregoing Notice of Hearing and Motion, declare under penalty of perjury that the foregoing is true and correct according to the best of my knowledge, information, and belief.

Executed on January 5, 2004

/e/ John R. Stoebner  
John R. Stoebner, Trustee

Y:\doc\02\020386\claim objection motion.doc

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor DONALD OWENS ROLENE OWENS	Case Number 02-42812	
<small>NOTICE: This court is required to issue a claim filing and administrative fee notice to the creditor after the commencement of a case. A creditor's payment of these administrative expenses may be filed prior to the filing of this claim.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): RJB Name and Address where notices should be sent:  RJB 552 MAIN ST BIG STONE CITY SD 57216  Telephone Number: <u>605 862 7850</u>	<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.	
Account or other number by which creditor identifies debtor:	Check here if <input type="checkbox"/> replaces <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> <u>12/26/01</u>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>350.00</u> 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 at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>350.00</u> 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)(____).  <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<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.		SEND CLAIM TO: U.S. BANKRUPTCY COURT 301 U.S. COURTHOUSE 300 SOUTH FOURTH STREET MINNEAPOLIS, MN 55415
Date <u>6/13/03</u>	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): <u>Richard Bonkarto President</u>	
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.		

**RJB** of Big Stone, Inc.  
 P.O. Box 4  
 Big Stone City, SD 57216  
 Phone: 605-862-7850 Fax: 605-862-7855

PRO: 00001888  
 DATE: 12/26/01  
 SHIPPED: 12/05/01  
 DELIVERED: 12/07/01

SHIP TO:  
 ABERDEEN SD 57401

SHIP FROM:  
 MDI  
 1700 WYNNE AVE  
 SAINT PAUL MN 55101

BILL TO: DON OWENS TRUCKING 622  
 & BROKERAGE SERVICE  
 7306 ASPEN LANE NORTH  
 BROOKLYN PARK MN 55429 3rd Prt

Trac: 29 Trl 129  
 Driver: MOMENT, JAMES ALAN  
 PO/Delivery#s:

TRUCKLOAD DESCRIPTION	WEIGHT	RATE	CHARGES
1.00 MISC. FREIGHT	flat	350.0000	350.00
	40,000 lbs. (flat/lot)		

*Phone #  
 Not in service 288 Mil*

TOTAL CHARGES 350.00

BILL OF LADING NUMBERS: 2392

**THIS BILL PAYABLE AS REQUIRED BY FEDERAL REGULATIONS AT 49 CFR PART 1320 (NET 15 DAYS)**

12/05/2001 1:27:24 PM

**RATE CONFIRMATION  
DON OWENS BROKERAGE  
7308 ASPEN LANE NORTH  
BROOKLYN PARK, MN 55429-  
FAX (763)425-0298 PHONE (763)425-0054**

FAXED  
DEC 05 2001

#1888  
Jim M.

TO  
RJB  
RICK,  
(605)862-7855  
( ) -

Please Refer To This No. On Invoice: 2392

FLAT RATE: \$350.00  
RATE: \$0.00  
MILES: 0  
DROPS: \$0.00  
UNLOAD: \$0.00  
MISC: \$0.00

Special Instructions

**TOT. PAY: \$350.00**

SHIPPER	PHONE	FROM	PICK #	CASES	WEIGHT	DATE	TIME
MDI	(651)647-3221	ST. PAUL, MN 1700 WYNNE AVE		2		12/05/2001	

RECEIVER	PHONE	TO	PO #	CASES	WEIGHT	DATE	TIME
		ABERDEEN, SD		2		12/07/2001	

- 1) ALL DRIVERS MUST CALL 877-861-9993 FOR DISPATCH!!
- 2) WE REQUIRE A CHECK CALL FROM ALL DRIVERS WHEN LOADED, BETWEEN 8AM TO 10AM CENTRAL DAILY, AND WHEN EMPTY WITH NAME OF CONSIGNOR, OR \$50 FINE WILL BE IMPOSED!

\*DO NOT SEND YOUR TRK TO LD BEFORE THIS IS SIGNED AND FAXED TO DON OWENS TRUCKING & BROKERAGE SERVICES

CARRIER AGREES FOR THE ABOVE RATE CARRIER WILL PERFORM TRANSPORT SERVICES FOR DON OWENS, FAILURE TO PERFORM SERVICES OR DELAY IN DELIVERY, AS AGREED UPON COULD RESULT IN FURTHER PENALTIES.  
CARRIER AGREES AND UNDERSTANDS THAT THIS CONTRACT IS NOT A "TRIP LEASE" AND THAT CARRIER IS AN "INDEPENDENT CONTRACTOR" WITH ITS OWN ICC OPERATING AUTHORITY. CARRIER UNDERSTANDS THAT ALL PERMITS AND TAXES ARE ITS SOLE RESPONSIBILITY. CARRIER AGREES THAT IT MAINTAINS ITS OWN CURRENT CARGO, LIABILITY, AND COMP INSURANCE. AN ORIGINAL CERTIFICATE OF INS. NAMING DON OWENS TRUCKING & BROKERAGE SERVICES AS A CERT. HOLDER, A COPY OF ICC AUTH. AND THIS CONTRACT MUST BE ON FILE BEFORE PAYMENT DATE!

PALLETS     COMMODITY     EQUIPMENT

CARRIER *Richard Bamber*    BROKER: MARCUS

**STRAIGHT BILL OF LADING - SHORT FORM - Original - Not Negotiable**

Shipper's No. 2392

(Carrier) RSB

SCAC. \_\_\_\_\_

Carrier's No. 1888

Received, subject to the classifications and tariffs in effect on the date of this Bill of Lading:

at \_\_\_\_\_, date 12/5/01 from \_\_\_\_\_

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee for purposes of notification only.)

TO:  
Consignee B+H MASONRY  
Street \_\_\_\_\_  
Destination ABERDEEN, SD Zip \_\_\_\_\_

FROM:  
Shipper RLDI  
Street 1700 W. WINE AVE.  
Origin ST. PAUL, MN Zip \_\_\_\_\_

Route: \_\_\_\_\_

Delivering Carrier		Trailer Initial/Number	U.S. DOT Hazmat Reg. Number		Weight (subject to correction)	Class or rate	Labels required (or exemption)	Check column
No. of packages	HM	Description of articles, special marks, and exceptions	Hazard Class	I.D. Number				
<u>3</u>		<u>RD # 2001-30 3 pallets of Block</u>						

THIS IS THE ONLY PAPER WORK WE RECEIVED FOR THIS LOAD WHEN WE PICKED IT UP.

12/5/01

**COD AMT:** \$ \_\_\_\_\_

**Charges Advanced:** \$ \_\_\_\_\_

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

**C. O. D. FEE:**  
Prepaid   
Collect  \$ \_\_\_\_\_

**FREIGHT CHARGES:**  
 Prepaid  Collect

**PLACARDS REQUIRED:**  YES  NO - FURNISHED BY CARRIER

**PLACARDS SUPPLIED:**  YES  NO - FURNISHED BY CARRIER

**DRIVER'S SIGNATURE:** \_\_\_\_\_

CARRIER: RSB

PER: Sharon Moment DATE: 12/6/01

EMERGENCY RESPONSE TELEPHONE NUMBER: ( ) \_\_\_\_\_

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (§172.604)

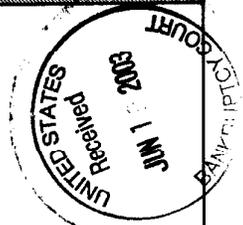
Sharon  
Moment  
4932  
Delivery address  
507 North  
Roosevelt  
\* created manual  
invoice

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (MINNEAPOLIS)**

**PROOF OF CLAIM**

Name of Debtor  
DONALD OWENS  
ROLENE OWENS

Case Number  
02-42812



**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of this 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):  
SKINNER TRANSFER CORP  
Name and Address where notices should be sent:

- 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.

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SKINNER TRANSFER CORP  
PAYMENT RECONCILIATION ACCT  
PO BOX 692 DEPT A  
REEDSBURG WI 53959

Telephone Number:

Account or other number by which creditor identifies debtor:

22874

Check here if  replaces  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)  
Your SS #: \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. Date debt was incurred:**

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:**

\$ 617.00

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 (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 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 \$4,650)\* 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).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- 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).
- 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 4/1/04 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 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.

**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.

**SEND CLAIM TO:**

U.S. BANKRUPTCY COURT  
301 U.S. COURTHOUSE  
300 SOUTH FOURTH STREET  
MINNEAPOLIS, MN 55415

Date

6-17-03

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):

Evelyn A. Skinner  
EVELYN A. SKINNER  
PRESIDENT 6-17-03

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.

**SKINNER TRANSFER CORP.**

REEDSBURG, WI 53959  
608-524-2326

INVOICE DATE	INVOICE NUMBER
10/24/01	1151790-00

**S  
H  
I  
P  
P  
E  
R** 22872-  
PRIME NET  
2250 PILOT KNOB RD.  
SAINT PAUL MN 55101

**MINN  
S  
I  
D  
E** GREEN BAY SCF  
1300 PACKERLAND  
GREEN BAY WI 54300

**B  
I  
L  
L  
T  
O** DON OWENS BROKERAGE  
7308 ASPEN LANE NORTH, STE 117  
BROOKLYN PARK MN 55429

REMIT TO:  
PAYMENT RECONCILIATION ACCOUNT  
P.O. BOX 692  
DEPT. A  
REEDSBURG, WI 53959

BTC- 22874 THIRD PARTY

B/L NUMBER INV42279	MILES 398	TRACTOR NO. 634	TRAILER NO. T-53118H	SHIP DATE 10/23/01
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PIECES	DESCRIPTION OF ARTICLES AND REMARKS	WEIGHT	RATE	CHARGES
20.00	PAPER PROD. S/O MADISON WI S/O OSHKOSH WI	35000	700.00000 FLT NC NC	700.00
$700.00$ $(- 83.00) - 3/14/02 \text{ CK \# } 2653$ $\underline{\$ 617.00 \text{ BAL.}}$				
20.00	Delivered 10/24/01 12:10PM	35000	TOTAL	700.00

PAYMENT WITHIN 30 DAYS OF INVOICE DATE

**PAY THIS AMOUNT**  **700.00**

WERNERK KEVIN A WERNER

US

**RATE CONFIRMATION**  
**DON OWENS BROKERAGE**  
**7308 ASPEN LANE NORTH**  
**BROOKLYN PARK, MN 55429-**  
**FAX (763)425-0298 PHONE (763)425-0054**

1151790

*Kevin Werner*

10/23/2001 11:36:39 AM

**Please Refer To This No. On Invoice: 2279**

**TO**  
**SKINNER TRANSFER**  
**JD/MARIE ,**  
**(608)524-2701**  
**(608)524-8445**

**FLAT RATE: \$700.00**  
**RATE: \$0.00**  
**MILES: 0**  
**DROPS: \$0.00**  
**UNLOAD: \$0.00**  
**MISC: \$0.00**

**TOT. PAY: \$700.00**

Special Instructions

SHIPPER	PHONE	FROM	PICK #	CASES	WEIGHT	DATE	TIME
PRIME NET	(651)405-4500	ST. PAUL, MN 2250 PILOT KNOB RD				10/23/2001	16:00

RECEIVER	PHONE	TO	PO #	CASES	WEIGHT	DATE	TIME
MADISON SCF	(414)270-2120	MADISON, WI 3902 MILWAUKEE ST.	5147765 APPT#5351024008			10/24/2001	08:00
OSHKOSH SCF	(414)270-2120	OSHKOSH, WI 1025 W. 20TH AVE.	5147768 APPT#5491024002			10/24/2001	10:00
GREEN BAY SCF	(414)270-2120	GREEN BAY, WI 1300 PACKERLAND DR.	5147761 APPT#5411024002			10/24/2001	12:00

- 1) ALL DRIVERS MUST CALL 877-661-9993 FOR DISPATCH!!
- 2) WE REQUIRE A CHECK CALL FROM ALL DRIVERS WHEN LOADED, BETWEEN 8AM TO 10AM CENTRAL DAILY, AND WHEN EMPTY WITH NAME OF CONSIGNOR, OR \$50 FINE WILL BE IMPOSED!

**\*DO NOT SEND YOUR TRK TO LD BEFORE THIS IS SIGNED AND FAXED TO DON OWENS TRUCKING & BROKERAGE SERVICES**

**CARRIER AGREES FOR THE ABOVE RATE CARRIER WILL PERFORM TRANSPORT SERVICES FOR DON OWENS, FAILURE TO PERFORM SERVICES OR DELAY IN DELIVERY, AS AGREED UPON COULD RESULT IN FURTHER PENALTIES.**  
**CARRIER AGREES AND UNDERSTANDS THAT THIS CONTRACT IS NOT A "TRIP LEASE" AND THAT CARRIER IS AN "INDEPENDENT CONTRACTOR" WITH ITS OWN ICC OPERATING AUTHORITY. CARRIER UNDERSTANDS THAT ALL PERMITS AND TAXES ARE ITS SOLE RESPONSIBILITY. CARRIER AGREES THAT IT MAINTAINS ITS OWN CURRENT CARGO, LIABILITY, AND COMP INSURANCE. AN ORIGINAL CERTIFICATE OF INS. NAMING DON OWENS TRUCKING & BROKERAGE SERVICES AS A CERT. HOLDER, A COPY OF ICC AUTH. AND THIS CONTRACT MUST BE ON FILE BEFORE PAYMENT DATE!**

**PALLETS**       **COMMODITY**       **EQUIPMENT**

**CARRIER** *Marie Johnson*

**BROKER: MARCUS**

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (MINNEAPOLIS)

PROOF OF CLAIM

Name of Debtor  
DONALD OWENS  
ROLENE OWENS

Case Number  
02-42812



Name of Creditor (The person or other entity to whom the debtor owes money or property):  
RILEY TRANSPORTATION  
Name and Address where notices should be sent:  
RILEY TRANSPORTATION  
5029 MLK FREEWAY  
FORT WORTH TX 76119

- 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.

3

Telephone Number: 817-496-4536  
Account or other number by which creditor identifies debtor:  
Don Owens Brokerage

Check here if  replaces  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)  
Your SS #: \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

2. Date debt was incurred:  
8/20/2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:  
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.

\$ 1070.00

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 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 \$4,650),\* 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).  
 Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).  
 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).  
 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 4/1/04 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.
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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.

SEND CLAIM TO:  
U.S. BANKRUPTCY COURT  
301 U.S. COURTHOUSE  
300 SOUTH FOURTH STREET  
MINNEAPOLIS, MN 55415

Date: 6/13/03  
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):  
D. D. Robinson GM

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.

Riley Transportation, Inc.

5029 MLK Freeway  
Ft. Worth, TX 76119  
817-496-4536 Fax 817-496-4573

# Invoice

DATE	INVOICE #
8/20/2001	15970

BILL TO  
DON OWENS BROKERAGE

P.O. NO.  
1934

TERMS  
NET 30

PROJECT

QUANTITY	DESCRIPTION	RATE	AMOUNT
	DALLAS, TX - WACO, TX	1,070.00	1,070.00
<b>Total</b>			<b>\$1,070.00</b>

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor DONALD OWENS ROLENE OWENS	Case Number 02-42812	
<b>NOTE:</b> 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): A2B-4U Name and Address where notices should be sent:  A2B-4U 8311 RIVERGREEN DR ELVERTA CA 95626  Telephone Number:	<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.	
Account or other number by which creditor identifies debtor: <i>By Name: Don Owens</i>	Check here if <input type="checkbox"/> replaces <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> <i>11/26/01 and 11/28/01</i>	<b>3. If court judgment, date obtained:</b> <i>N/A</i>	
<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.	<i>\$ 500</i>	
<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 at time case filed 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)(____).  *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<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.	SEND CLAIM TO:  U.S. BANKRUPTCY COURT 301 U.S. COURTHOUSE 300 SOUTH FOURTH STREET MINNEAPOLIS, MN 55415	
Date <i>6/17/03</i>	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): <i>Mrs. Moore Owner then Miriam Moore - President 6/17/03</i>	
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.		



A2B-4U  
Oren Moore  
8311 Rivergreen Dr.  
Elverta, CA 95626

# Invoice

Date	Invoice #
11/28/2001	152

Bill To

Don Owens Brokerage  
7308 Aspen Lane North  
Brooklyn Park, MN 55429-

Terms	Broker Reference/Load #
Net 30	2377

Serviced	BOL #	Item	Description	Qu...	Rate	Amount
11/26/2001	0297	Line Haul Run	Antioch, CA to Sacramento, CA		250.00	250.00

It's been a pleasure working with you!

**Total**

\$250.00

11/23/2001 2:01:07 PM

**RATE CONFIRMATION  
DON OWENS BROKERAGE  
7308 ASPEN LANE NORTH  
BROOKLYN PARK, MN 55429-  
FAX (763)425-0298 PHONE (763)425-0054**

Please Refer To This No. On Invoice: 2377

TO  
A2B4U  
MIRIAM,  
(916)992-1421  
(800)219-8018

FLAT RATE: \$250.00  
RATE: \$0.00  
MILES: 0  
DROPS: \$0.00  
UNLOAD: \$0.00  
MISC: \$0.00

Special Instructions

**TOT. PAY: \$250.00**

SHIPPER	PHONE	FROM	PICK #	CASES	WEIGHT	DATE	TIME
RECALL TOTAL INFO		ANTIOCH, CA				11/26/2001	12:00

RECEIVER	PHONE	TO	PO #	CASES	WEIGHT	DATE	TIME
IRON MOUNTAIN		SACRAMENTO, CA				11/26/2001	17:00

- 1) ALL DRIVERS MUST CALL 877-881-9993 FOR DISPATCH!!
- 2) WE REQUIRE A CHECK CALL FROM ALL DRIVERS WHEN LOADED, BETWEEN 8AM TO 10AM CENTRAL DAILY, AND WHEN EMPTY WITH NAME OF CONSIGNOR, OR \$50 FINE WILL BE IMPOSED!

**\*DO NOT SEND YOUR TRK TO LD BEFORE THIS IS SIGNED AND FAXED TO DON OWENS TRUCKING & BROKERAGE SERVICES**

**CARRIER AGREES FOR THE ABOVE RATE CARRIER WILL PERFORM TRANSPORT SERVICES FOR DON OWENS, FAILURE TO PERFORM SERVICES OR DELAY IN DELIVERY, AS AGREED UPON COULD RESULT IN FURTHER PENALTIES. CARRIER AGREES AND UNDERSTANDS THAT THIS CONTRACT IS NOT A "TRIP LEASE" AND THAT CARRIER IS AN "INDEPENDENT CONTRACTOR" WITH ITS OWN ICC OPERATING AUTHORITY. CARRIER UNDERSTANDS THAT ALL PERMITS AND TAXES ARE ITS SOLE RESPONSIBILITY. CARRIER AGREES THAT IT MAINTAINS ITS OWN CURRENT CARGO LIABILITY, AND COMP INSURANCE. AN ORIGINAL CERTIFICATE OF INS. NAMING DON OWENS TRUCKING & BROKERAGE SERVICES AS A CERT. HOLDER, A COPY OF ICC AUTH. AND THIS CONTRACT MUST BE ON FILE BEFORE PAYMENT DATE!**

PALLETS     COMMODITY     EQUIPMENT

CARRIER *Michael...* BROKER: DON





A2B-4U  
 Oren Moore  
 8311 Rivergreen Dr.  
 Elverta, CA 95626

# Invoice

Date	Invoice #
12/5/2001	162

Bill To

Don Owens Brokerage  
 7308 Aspen Lane North  
 Brooklyn Park, MN 55429-

Terms	Broker Reference/Load #
Net 30	2378

Serviced	BOL #	Item	Description	Qu...	Rate	Amount
11/28/2001	0301	Line Haul Run	Antioch CA. to Sacramento CA.		250.00	250.00

It's been a pleasure working with you!

<b>Total</b>	<b>\$250.00</b>
--------------	-----------------

11/27/2001 11:48:01 AM

**RATE CONFIRMATION  
 DON OWENS BROKERAGE  
 7308 ASPEN LANE NORTH  
 BROOKLYN PARK, MN 55429-  
 FAX (763)425-0298 PHONE (763)425-0054**

Please Refer To This No. On Invoice: 2378

TO  
**A2B4U  
 MIRIAM,  
 (916)992-1421  
 (800)219-8018**

FLAT RATE: \$250.00  
 RATE: \$0.00  
 MILES: 0  
 DROPS: \$0.00  
 UNLOAD: \$0.00  
 MISC: \$0.00

Special Instructions

**TOT. PAY: \$250.00**

SHIPPER	PHONE	FROM	PICK #	CASES	WEIGHT	DATE	TIME
RECALL TOTAL INFO	(510)633-5600	ANTIOCH, CA 2110 WILBUR AVE.				11/28/2001	12:00

RECEIVER	PHONE	TO	PO #	CASES	WEIGHT	DATE	TIME
IRON MOUNTAIN	(916)381-6030	SACRAMENTO, CA 8150 SIGNAL COURT				11/23/2001	17:00

- 1) ALL DRIVERS MUST CALL 877-661-9993 FOR DISPATCH!!
- 2) WE REQUIRE A CHECK CALL FROM ALL DRIVERS WHEN LOADED, BETWEEN 8AM TO 10AM CENTRAL DAILY, AND WHEN EMPTY WITH NAME OF CONSIGNOR, OR \$50 FINE WILL BE IMPOSED!

**\*DO NOT SEND YOUR TRK TO LD BEFORE THIS IS SIGNED AND FAXED TO DON OWENS TRUCKING & BROKERAGE SERVICES**

**CARRIER AGREES FOR THE ABOVE RATE CARRIER WILL PERFORM TRANSPORT SERVICES FOR DON OWENS. FAILURE TO PERFORM SERVICES OR DELAY IN DELIVERY, AS AGREED UPON COULD RESULT IN FURTHER PENALTIES.**

**CARRIER AGREES AND UNDERSTANDS THAT THIS CONTRACT IS NOT A "TRIP LEASE" AND THAT CARRIER IS AN "INDEPENDENT CONTRACTOR" WITH ITS OWN ICC OPERATING AUTHORITY. CARRIER UNDERSTANDS THAT ALL PERMITS AND TAXES ARE ITS SOLE RESPONSIBILITY. CARRIER AGREES THAT IT MAINTAINS ITS OWN CURRENT CARGO, LIABILITY, AND COMP INSURANCE. AN ORIGINAL CERTIFICATE OF INS. NAMING DON OWENS TRUCKING & BROKERAGE SERVICES AS A CERT. HOLDER, A COPY OF ICC AUTH. AND THIS CONTRACT MUST BE ON FILE BEFORE PAYMENT DATE!**

PALLETS    
  COMMODITY    
  EQUIPMENT

**CARRIER** *Marcus* **BROKER: MARCUS**





# Northland Trucking, Inc.

PO Box 6586  
Phoenix, AZ 85005-6586

# Invoice

DATE	INVOICE #
8/3/2000	00-59508

BILL TO
DON OWENS TRUCKING & BROKERAGE SERVICES ACCOUNTS PAYABLE 7308 ASPEN LANE NO SUITE 117 BROOKLYN PARK, MN 55429

P.O. NO.	TERMS	DUE DATE
1062	Net 30	9/2/2000

SHIP DATE	DESCRIPTION	AMOUNT
7/28/2000	249 PCS PU ITASCA, IL DEL TO HAWTHRONE, CA	2,700.00
<b>Total</b>		<b>\$2,700.00</b>

Questions?

Please call Bev at 602-254-0007.

TRIP 59508

STRAIGHT BILL OF LADING  
ORIGINAL - NOT NEGOTIABLE

Don Owens Trucking

Shipper No. 3902508  
Carrier No.  
Date 7/29/00

TO: Consignee		FROM: Shipper	AIT FREIGHT SYSTEMS	
Street		701 N. ROHLING ROAD		
Destination		TASCA, IL 60143		
Route		Origin	500-629-4248	
No. Shipping Units		Emergency Response Phone No.	Vehicle Number	
HM*		Kind of Packaging, Description of Articles, Special Marks and Exceptions		
249		Ref# 393810		
		Weight (include in cartons) 14684		
		Rate		
		CHARGES		

SEAL # 401354  
FREIGHT MUST DELIVER ON 7-31-00 BETWEEN 5-6 AM!

BILL TO: AIT FREIGHT SYSTEMS  
P.O. BOX 66730  
CHICAGO, IL 60656

When transporting hazardous materials, always follow the labeling and packaging requirements of 49 CFR 173.155 and 173.156. Provide emergency response phone number in case of accident or spillage in last block.

REMIT ADDRESS: MAOUI ARRAGA 8/1/00	AMOUNT: \$500	AMOUNT: \$	G.O.D. FEE: PREPAID COLLECT <input type="checkbox"/>
TOTAL CHARGES: \$		WEIGHT CHARGES: \$	

WARRANTY: Carrier warrants that the goods are received in good order, packed, sealed, and delivered in good order, subject to the terms and conditions of this Bill of Lading. The property described above is received in good order, packed, sealed, and delivered in good order, subject to the terms and conditions of this Bill of Lading. The carrier is not responsible for any loss or damage to the property described above, whether in whole or in part, arising from any cause whatsoever, including but not limited to, fire, theft, pilferage, breakage, leakage, or any other cause, unless the carrier is negligent in the performance of its duties. The carrier is not responsible for any loss or damage to the property described above, whether in whole or in part, arising from any cause whatsoever, including but not limited to, fire, theft, pilferage, breakage, leakage, or any other cause, unless the carrier is negligent in the performance of its duties.

SHIPPER	CARRIER	NORTLAND TRUCKING
PER	PER	Edgar B. Jank
DATE	DATE	7/29/00
HAZARDOUS MATERIALS MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIALS AS REFERENCED IN 49 CFR § 173.205		

START 3:00 PM  
LEST 2:00 AM

7/31/00 11:40:12 AM

**RATE CONFIRMATION  
DON OWENS BROKERAGE  
7308 ASPEN LANE NORTH  
BROOKLYN PARK, MN 55429-  
FAX (763)425-0298 PHONE (763)425-0054**

P:1/1

*Fax #  
864-0029*

**TO  
NORTHLAND TRUCKING  
ROBERT,  
(602)254-0455  
(800)250-3547**

**Please Refer To This No. On Invoice: 1062**

**FLAT RATE: \$2,700.00  
RATE: \$0.00  
MILES: 0  
DROPS: \$0.00  
UNLOAD: \$0.00  
MISC: \$0.00**

**TOT. PAY: \$2,700.00**

**Special Instructions**

*UPDATED w/ \$200*

SHIPPER	PHONE	FROM	PICK #	CASES	WEIGHT	DATE	TIME
AIT		ITASCA, IL				7/28/00	16:00

RECEIVER	PHONE	TO	PO #	CASES	WEIGHT	DATE	TIME
		HAWTHORNE, CA				7/31/00	05:00

- 1) ALL DRIVERS MUST CALL FOR DISPATCH!!
- 2) WE REQUIRE A CHECK CALL FROM ALL DRIVERS WHEN LOADED, BETWEEN 8AM TO 10AM CENTRAL DAILY, AND WHEN EMPTY WITH NAME OF CONSIGNOR, OR \$60 FINE WILL BE IMPOSED!

**\*DO NOT SEND YOUR TRK TO LD BEFORE THIS IS SIGNED AND FAXED TO DON OWENS TRUCKING & BROKERAGE SERVICES**

**CARRIER AGREES FOR THE ABOVE RATE CARRIER WILL PERFORM TRANSPORT SERVICES FOR DON OWENS, CARRIER AGREES AND UNDERSTANDS THAT THIS CONTRACT IS NOT A "TRIP LEASE" AND THAT CARRIER IS AN "INDEPENDENT CONTRACTOR" WITH ITS OWN ICC OPERATING AUTHORITY. CARRIER UNDERSTANDS THAT ALL PERMITS AND TAXES ARE ITS SOLE RESPONSIBILITY. CARRIER AGREES THAT IT MAINTAINS ITS OWN CURRENT CARGO, LIABILITY, AND COMP INSURANCE. AN ORIGINAL CERTIFICATE OF INS. NAMING DON OWENS TRUCKING & BROKERAGE SERVICES AS A CERT. HOLDER, A COPY OF ICC AUTH. AND THIS CONTRACT MUST BE ON FILE BEFORE PAYMENT DATE!**

PALLETS     COMMODITY     EQUIPMENT

**CARRIER** \_\_\_\_\_

**BROKER: KRISTY NEMETZ** \_\_\_\_\_ *K*

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor DONALD OWENS ROLENE OWENS	Case Number 02-42812	
Notwithstanding to whom this claim is assigned, the assignee shall be bound by the terms and conditions of this claim. The assignee of an administrative expense may file this claim on behalf of the estate.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): RJM X-PRESS Name and Address where notices should be sent:  RJM X-PRESS 3542 NW 21 CIRCLE JENNINGS FL 32053 ↳ 3592  Telephone Number: 386-938-3185	<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 checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: 1001 # 2090	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1. <b>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)	
2. <b>Date debt was incurred:</b> 9-17-01	3. <b>If court judgment, date obtained:</b>	
4. <b>Total Amount of Claim at Time Case Filed:</b> \$ 1650.00 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.		
5. <b>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 at time case filed included in secured claim, if any: \$ _____	6. <b>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 checked="" 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)(____).  *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. <b>Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. <b>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. 9. <b>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.		SEND CLAIM TO:  U.S. BANKRUPTCY COURT 301 U.S. COURTHOUSE 300 SOUTH FOURTH STREET MINNEAPOLIS, MN 55415
Date 10-18-03	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): Wendy Bowen Wendy Bowen, Operations Mgr.	
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.		

**RATE CONFIRMATION  
 DON OWENS BROKERAGE  
 7308 ASPEN LANE NORTH  
 BROOKLYN PARK, MN 55429-  
 FAX (763)425-0298 PHONE (763)425-0054**

09/11/2001 3:42:48 PM

*9 pages*  
*Release*  
*today*  
*10/24 -*  
*to be pd. in carrier's*

**Please Refer To This No. On Invoice: 2090**

**TO  
 RJM  
 WENDY,  
 (386)938-2542  
 (800)253-4167**

**FLAT RATE: \$1,650.00  
 RATE: \$0.00  
 MILES: 0  
 DROPS: \$0.00  
 UNLOAD: \$0.00  
 MISC: \$0.00**

**Special Instructions**

*Driver is Jack McClain, Jr.*

**TOT. PAY: \$1,650.00**

*bankruptcies have*

*been filed against them*

SHIPPER	PHONE	FROM	PICK #	CASES	WEIGHT	DATE	TIME
AQUION PARTNERS	(647)437-9400	ELK GROVE, IL 2080 LUNT AVE				09/12/2001	10:00

*11/29 - per Rolone - pd. next wk*

RECEIVER	PHONE	TO	PO #	CASES	WEIGHT	DATE	TIME
DISCOVERY MARKETING	(407)623-0776	ORLANDO, FL 8606 EDGEWATER DRIVE				09/14/2001	

- 1) ALL DRIVERS MUST CALL 877-681-9993 FOR DISPATCH!!
- 2) WE REQUIRE A CHECK CALL FROM ALL DRIVERS WHEN LOADED, BETWEEN 8AM TO 10AM CENTRAL DAILY, AND WHEN EMPTY WITH NAME OF CONSIGNOR, OR \$60 FINE WILL BE IMPOSED!

**\*DO NOT SEND YOUR TRK TO LD BEFORE THIS IS SIGNED AND FAXED TO DON OWENS TRUCKING & BROKERAGE SERVICES**

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PALLETS     COMMODITY     EQUIPMENT

**CARRIER** *Wendy Bower*  
*RJM X-Press*

**BROKER: MARCUS**

**RJM X-Press**

3542 N.W. 21st Circle  
Jennings, FL 32053  
800-253-4167  
904-938-2542 Fax

INVOICE  
Nº 2375

SOLD TO: DON OWENS BROKERAGE  
7308 ASPEN LANE NORTH  
BROOKLYN PARK, MN 55429

DATE: 9/17/01  
REFERENCE #: 2090  
NET TERMS: 30 DAYS

	DATE	DESCRIPTION OF STOPS	AMOUNT
PICK UP INFO	9/12	AQUION PARTNERS, ELK GROVE, IL	
DELIVERY INFO	9/14	DISCOVERY MARKETING, ORLANDO, FL	
			\$ 1650.00

ADVANCE \_\_\_\_\_  
LOADING \_\_\_\_\_  
UNLOADING \_\_\_\_\_  
FUEL SURCHARGE \_\_\_\_\_  
OTHER CHARGES \_\_\_\_\_  
TOTAL AMOUNT DUE \$ 1650.00

*Thank you*

# ORIGINATOR

**STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE**

**SHIPPER B/L: S75084**

**Page No.: 1**

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.



Direct Inquires to: **Aquion Partners, L.P.**  
 2080 E. Lunt Ave.  
 Elk Grove Village, IL 60007  
 Phone 847.437.9400 Fax 847.437.5539

properly described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (inter being understood throughout this contract as meaning any person or corporation in possession of the property under contract) agrees to carry to the usual place of delivery at said destination. If on its way at any time interested in all or any of said property, that carrier shall be presumed to be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading and both National, Southern, Western and Illinois Freight Classification in effect on the date hereof. If this is a bill of lading for a motor carrier shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

**CONSIGNEE**

**TIM RANDOLPH**  
 DBA: DISCOVERY MARKETING & DIST., INC  
 8505 EDGEWATER DR.  
 ORLANDO FL 32810

407-523-0775

**CARRIER:** AIT  
**AT / FOB:** Elk Grove, IL  
**SHIP DATE:** 9/12/01  
**CHARGES:** NONE      **DECLARED VALUE:**  
**COO AMT:**  
**TERMS:** WAREHOUSE, Freight collect

**VEH ID:**  
**ROUTE:**

QUANTITY	DESCRIPTION	CARTON	UNIT	WEIGHT
77.5	Filters or Purifiers, Water, Tank Type NOI; Water Softners (Item # 121285-Sub 2)	471	33 SKIDS	.21820 LBS

### SHIPPING INSTRUCTIONS

**TOP LOAD ONLY      DO NOT DOUBLE STACK**

subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
 The carrier shall be liable for delivery of this shipment without payment of freight and all other relevant charges.

*[Handwritten Signature]*

The blue boxes used for this shipment conform to the specifications set forth in the box maker's certificate, the union, and all other regulations of the Consolidated Freight Classification.

**QUION Partners L.P.** Shipper, Per *[Signature]* Agent, Per 9-12-01

Permanent post office address of shipper, 2080 E. Lunt Ave., Elk Grove Village, Illinois 60007

**Don Owens Trucking**

**(877) 661-9993**

*& Brokerage Services*

**Fax (763) 425-0298**

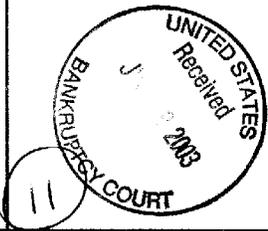
To whom it may concern,

Due to an overall soft economy, and the ensuing losses caused by bankruptcies and a failed recent purchase, we regret to inform you that as of 12/14/2001, Don Owens Trucking & Brokerage Services has ceased operations.

Sincerely



Don Owens Trucking

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor DONALD OWENS ROLENE OWENS	Case Number 02-42812	
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): KEN COMPTON JR TRKG INC Name and Address where notices should be sent:  KEN COMPTON JR TRKG INC 29745 E ONDOSSAGON RD ASHLAND WI 54806	<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.	
Telephone Number: 715/682-6539	Account or other number by which creditor identifies debtor:	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <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> 11-14-01	<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ 600.00		
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 at time case filed 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)(____).  <i>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>
<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.		SEND CLAIM TO:  U.S. BANKRUPTCY COURT 301 U.S. COURTHOUSE 300 SOUTH FOURTH STREET MINNEAPOLIS, MN 55415
Date 7-1-03	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): Donna Corylen, U. Cred. agent	
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.		

Ken Compton, Jr. Trkg., Inc.  
 29745 E Ondossagon Rd  
 Ashland, WI 54806

**Invoice**

DATE	INVOICE #
11/16/2001	3603

BILL TO
Genesis Transport 7550 23rd Avenue South Minneapolis, MN 55450

P.O. NO.	TERMS	DUE DATE	SHIP DATE	DELIVERY DATE
	Net 30	12/16/2001	11/14/2001	11/15/01

DESCRIPTION	RATE	TRAILER NO.	AMOUNT
CHARGES FROM BALTIMORE, MD TO ELK GROVE VILLAGE, IL  REFERENCE #1129	600.00	29-V	600.00

Thank you for your business.	<b>Total</b>	\$600.00
------------------------------	--------------	----------

**RATE CONFIRMATION  
 GENESIS TRANSPORT  
 7550 23TH AVE S  
 MINNEAPOLIS, MN 55450-  
 FAX (612)727-3202 PHONE (612)727-3200**

*Steve*

*763 952*

11/14/2001 11:38:36 AM

Please Refer To This No. On Invoice: 1129

TO  
**KEN COMPTON TRUCKING  
 DONNA,  
 (715)682-3683  
 (715)682-6539**

FLAT RATE: \$600.00  
 RATE: \$0.00  
 MILES: 0  
 DROPS: \$0.00  
 UNLOAD: \$0.00  
 MISC: \$0.00

**TOT. PAY: \$600.00**

Special Instructions

SHIPPER	PHONE	FROM	PICK #	CASES	WEIGHT	DATE	TIME
PLASTICS	(410)327-3736	BALTIMORE, MD 3521 E. FEDERAL ST				11/14/2001	14:00

RECEIVER	PHONE	TO	PO #	CASES	WEIGHT	DATE	TIME
OES RESTORATION	(847)718-1516	ELK GROVE VILLAGE, IL 855 MORSE AVE				11/15/2001	

- 1) ALL DRIVERS MUST CALL FOR DISPATCH 888-667-6555!!
  - 2) WE REQUIRE A CHECK CALL FROM ALL DRIVERS BETWEEN 8AM TO 10AM CENTRAL. OR \$50 FINE WILL BE IMPOSED!
  - 3) PLEASE REFER TO "PRO NO" ON BILLING
- "DO NOT SEND YOUR TRK TO LD BEFORE THIS IS SIGNED AND FAXED TO GENESIS TRANSPORT, CARRIER AGREES FOR THE ABOVE RATE CARRIER WILL PERFORM TRANSPORT SERVICES FOR GENESIS TRANSPORT, FAILURE TO PERFORM SERVICES OR DELAY IN DELIVERY, AS AGREED UPON COULD RESULT IN FURTHER PENALTIES. CARRIER AGREES AND UNDERSTANDS THAT THIS CONTRACT IS NOT A "TRIP LEASE" AND THAT CARRIER IS AN "INDEPENDENT CONTRACTOR" WITH ITS OWN ICC OPERATING AUTHORITY. CARRIER UNDERSTANDS THAT ALL PERMITS AND TAXES ARE ITS SOLE RESPONSIBILITY. CARRIER AGREES THAT IT MAINTAINS ITS OWN CURRENT CARGO, LIABILITY, AND COMP INSURANCE. AN ORIGINAL CERTIFICATE OF INS. NAMING GENESIS TRANSPORT, AS A CERT. HOLDER, A COPY OF ICC AUTH. AND THIS CONTRACT MUST BE ON FILE BEFORE PAYMENT DATE!

PALLETS     COMMODITY     EQUIPMENT

CARRIER *Donna Compton*

BROKER: MARCUS

**KEN COMPTON TRUCKING INC.**  
 29745 W. WAGON RD  
 WISCONSIN

**STRAIGHT BILL OF LADING - SHORT FORM - Original - Not Negotiable**

Shipper's No. \_\_\_\_\_

Name of Carrier GENESIS SCAC \_\_\_\_\_ Carrier's No. \_\_\_\_\_

Received, subject to the classifications and tariffs in effect on the date of this Bill of Lading:  
URF - Baltimore Md. date 11-14-01 from 3521 Federal ST.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to OES (Mail or street address of consignee - For purposes of notification only.)

Destination Elk Grove Village State IL. County \_\_\_\_\_ Zip 60007 Delivery Address\* 855 Morse Ave.  
 Route \_\_\_\_\_ (\*To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier Ken Compton Jr. Trucking Car or Vehicle Initials 334 No. 29

Number of Packages	Description of articles, special marks, and exceptions	*Weight (Sub. to correction)	Class or rate	Check column	Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.  (Signature of consignor)  If charges are to be prepaid, write or stamp here, "To be Prepaid".  Received \$ _____ to apply in prepayment of the charges on the property described hereon.  Agent or Cashier  Per _____ (The signature here acknowledges only the amount prepaid.)  Charges Advanced: \$ _____
14	pallets of medical records	10,000 lbs			

Collect On Delivery and remit to \$ \_\_\_\_\_ C.O.D. Charge to be paid by Shipper  Consignee

\*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".  
 Note - where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.  
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

HM EMERGENCY RESPONSE TELEPHONE NUMBER (§172.604)

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Per \_\_\_\_\_

Shipper: GRAPHIC IMAGE Agent: \_\_\_\_\_  
 Per: [Signature] Date: \_\_\_\_\_ Per: [Signature] Date: \_\_\_\_\_

Permanent post-office address of shipper © Copyright 1995 J. J. KELLER & ASSOCIATES, INC.,  
 FORM NO. 1 BLP-A (Rev. 8/95) Neenah, WI • USA • (800) 327-6868

1

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (MINNEAPOLIS)**

**PROOF OF CLAIM**

Name of Debtor  
DONALD OWENS  
ROLENE OWENS

Case Number  
02-42812

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
TRUE WAY LOGISTICS  
Name and Address where notices should be sent:  
  
TRUE WAY LOGISTICS  
3411 NW 9 AVE  
SUTTE 708  
FT LAUDERDALE FL 33309

- 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.



Telephone Number:

Account or other number by which creditor identifies debtor:  
*DON OWENS TRUCKING*

Check here if  replaces 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)  
Your SS #: \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. Date debt was incurred:**  
*10/11/01*

**3. If court judgment, date obtained:**  
\_\_\_\_\_

**4. Total Amount of Claim at Time Case Filed:**

\$ *2000.00*

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 (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 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 \$4,650)\* 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).
- Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
- 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).
- 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 4/1/04 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 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.

**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.

**SEND CLAIM TO:**

U.S. BANKRUPTCY COURT  
301 U.S. COURTHOUSE  
300 SOUTH FOURTH STREET  
MINNEAPOLIS, MN 55415

Date

*7/1/2003*

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):

ERNANI J. VERLANGIERI

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.



True Way Logistics Corp.  
 3411 NW 9th Ave. Suite 708  
 Fort Lauderdale, Florida 33309  
 Ph. (954) 567-0775  
 Fax (954) 567-1265

**Invoice**

DATE	INVOICE NO.
10/15/2001	6351

BILL TO
Don Owens Trucking 7308 Aspen Lane No, Suite 117 Brooklyn Park, MN 55429

TWL#	TERMS	YOUR REF. #
2071004	Due on receipt	2235

TRIP DATE	ROUTE	CLIENT	B.L. #	AMOUNT
10/11/2001	GEN001	Orthomerica Products (Orlando, FL) to Consolidated Freightways (Phoenix, AZ)	4552052	2,000.00
			<b>Total</b>	\$2,000.00

**RATE CONFIRMATION  
 DON OWENS BROKERAGE  
 7308 ASPEN LANE NORTH  
 BROOKLYN PARK, MN 55429-  
 FAX (763)425-0298 PHONE (763)425-0054**

10/11/2001 9:58:56 AM

Please Refer To This No. On Invoice: 2235

TO  
**TRUE-WAY LOGISTICS CORP.  
 SHERRI,  
 (954)567-1265  
 (888)878-3929**

FLAT RATE: \$2,000.00  
 RATE: \$0.00  
 MILES: 0  
 DROPS: \$0.00  
 UNLOAD: \$0.00  
 MISC: \$0.00

Special Instructions

**TOT. PAY: \$2,000.00**

SHIPPER	PHONE	FROM	PICK #	CASES	WEIGHT	DATE	TIME
ORTHOMERICA PRODUCTS	(407)290-6592	PHOENIX, AZ ORLANDO, FL 6333 N. ORANGE BLOSSOM TRAIL		8	9000	10/11/2001	17:00

RECEIVER	PHONE	TO	PO #	CASES	WEIGHT	DATE	TIME
CONSOLIDATED FRTWYS	(602)272-6731	PHOENIX, AZ 4301 W. MOJAVE BOOTH#930	4552052	8	9000	10/15/2001	

- 1) ALL DRIVERS MUST CALL 877-361-9993 FOR DISPATCH!!!
- 2) WE REQUIRE A CHECK CALL FROM ALL DRIVERS WHEN LOADED, BETWEEN 8AM TO 10AM CENTRAL DAILY, AND WHEN EMPTY WITH NAME OF CONSIGNOR, OR \$50 FINE WILL BE IMPOSED!

**\*DO NOT SEND YOUR TRK TO LD BEFORE THIS IS SIGNED AND FAXED TO DON OWENS TRUCKING & BROKERAGE SERVICES**

CARRIER AGREES FOR THE ABOVE RATE CARRIER WILL PERFORM TRANSPORT SERVICES FOR DON OWENS, FAILURE TO PERFORM SERVICES OR DELAY IN DELIVERY, AS AGREED UPON COULD RESULT IN FURTHER PENALTIES.  
 CARRIER AGREES AND UNDERSTANDS THAT THIS CONTRACT IS NOT A "TRIP LEASE" AND THAT CARRIER IS AN "INDEPENDENT CONTRACTOR" WITH ITS OWN ICC OPERATING AUTHORITY. CARRIER UNDERSTANDS THAT ALL PERMITS AND TAXES ARE ITS SOLE RESPONSIBILITY. CARRIER AGREES THAT IT MAINTAINS ITS OWN CURRENT CARGO, LIABILITY, AND COMP INSURANCE. AN ORIGINAL CERTIFICATE OF INS. NAMING DON OWENS TRUCKING & BROKERAGE SERVICES AS A CERT. HOLDER, A COPY OF ICC AUTH. AND THIS CONTRACT MUST BE ON FILE BEFORE PAYMENT DATE!

PALLETS     COMMODITY     EQUIPMENT

CARRIER 3227 10.11.01 BROKER: MARCUS

TRUE-WAY LOGISTICS CORP  
 3411 NW 9th Ave Suite 703  
 Fort Lauderdale, Florida 33309  
 Tel: (954) 567-0775 Fax: (954) 567-0055

6351  
 10/15/01  
 copy  
 09/6  
 Atlantic



P.O. Box 66730  
Chicago, IL 60666-0730  
1-800-669-4248  
www.aitworldwide.com

AIR WAYBILL - NON-NEGOTIABLE

Tracking ??? www.aitworldwide.com/trac

DATE SHIPPED	ORIGIN	SELLING STATION	VIA	DEST.	FLIGHT	AIR BILL NO.
						452000

SHIPPER WILL COMPLETE ALL ITEMS IN SHADED AREAS

SHIPPER NUMBER ORTHOMERIC		SHIPPER REFERENCE NUMBER		CONSIGNEE NUMBER		CONSIGNEE PO. NUMBER	
SHIPPER ORTHOMERICA PRODUCTS INC. STREET ADDRESS 6333 N. ORANGE BLOSSOM TRAIL CITY, STATE AND ZIP CODE ORLANDO, FL 32830				CONSIGNEE American Orthotic and Prosthetic Assc. STREET ADDRESS c/o Consolidated Freightways CITY, STATE AND ZIP CODE 4301 W. Mojave Phoenix Az 85043			
CONTACT JOHN BROCKMAN		PHONE NUMBER 407-290-6592		CONTACT Orthomeric Prod Inc. Booth #930		PHONE NUMBER 407-290-6592	
CHARGES (CHECK ONE) UNLESS OTHERWISE INDICATED, CHARGES ARE PREPAID <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> C.O.D. <input type="checkbox"/> 3rd PARTY				DECLARED VALUE \$ 50,000.00		THE DECLARED VALUE FOR CARRIAGE OF THIS SHIPMENT IS AGREED AND UNDERSTOOD TO BE \$50.00 OR \$0.50 PER POUND, WHICHEVER IS GREATER, UNLESS A HIGHER VALUE IS DECLARED AND APPLICABLE CHARGES PAID. (SUBJECT TO THE TERMS AND CONDITIONS ON REVERSE SIDE, THE LIABILITY OF AIT WORLDWIDE FOR LOSS/DAMAGE IS AS STATED ABOVE.)	
3RD PARTY NUMBER		3RD PARTY					
STREET ADDRESS							
CITY, STATE AND ZIP CODE							
CONTACT		PHONE NUMBER		DIMENSIONS			
NO. OF PACKAGES		DESCRIPTION AND MARKS		WEIGHT			
8		Numbered crates #1, 3, 4, 5, 6, 7, 8 and 9		7,000(?)			
SERVICE REQUESTED				PCS			
<input type="checkbox"/> SAME DAY <input type="checkbox"/> NEXT DAY <input type="checkbox"/> SECOND DAY <input type="checkbox"/> THREE DAY <input checked="" type="checkbox"/> DEFERRED <input type="checkbox"/> OTHER (SPECIFY BELOW)				L		W	
				H			
QUOTE NUMBER				CUBIC WEIGHT		C.O.D. AMT.	
						C.O.D. FEE	
						TOTAL CHARGES	

**SPECIAL INSTRUCTIONS**

Must arrive at ACPA Warehouse NO LATER THAN Oct 18

May arrive any time before Oct 18, 2001

I certify that this cargo does not contain any unauthorized explosives, incendiaries, or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for thirty days.\*

Shipper / Representative Signature: Sign Name x [Signature] Print Name x John R. Brockman Date 10/17/01

THANK YOU FOR USING AIT WORLDWIDE LOGISTICS

**RECEIVED BY AIT WORLDWIDE DRIVER / AGENT**

Driver Signature: <u>[Signature]</u>		Shipper must sign this bill and produce the proper identification. One type of photo ID is acceptable if issued by employer or government. If this cannot be furnished, the FAA requires 2 forms of ID, one of which must be government issued, non-photo.		1st personal ID reviewed:	
Print Name: <u>[Signature]</u>		Non Negotiable Airbill Conditions Of Carriage On Reverse Side		# appearing on ID <u>2071004</u> Matched photo on ID? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date: <u>10/17/01</u> Time: <u>2:30 PM</u>				2nd personal ID reviewed:	
No. of Shipments This Stop: _____				# appearing on ID _____ Matched photo on ID? YES <input type="checkbox"/> NO <input type="checkbox"/>	



P.O. Box 66730  
Chicago, IL 60666-0730  
1-800-669-4248  
www.aitworldwide.com

Tracking ??? www.aitworldwide.com/trac

AIR WAYBILL - NON-NEGOTIABLE

DATE SHIPPED	ORIGIN	SELLING STATION N.C.O.	VIA	DEST.	FLIGHT	AIR BILL NO. 4552052
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SHIPPER WILL COMPLETE ALL ITEMS IN SHADED AREAS

SHIPPER NUMBER <b>ORTHOMERIC</b>		SHIPPER REFERENCE NUMBER		CONSIGNEE NUMBER		CONSIGNEE P.O. NUMBER	
SHIPPER <b>ORTHOMERICA PRODUCTS INC.</b>		STREET ADDRESS <b>6333 N. ORANGE BLOSSOM TRAIL</b>		CONSIGNEE <b>American Orthotic and Prosthetic Assc</b>		STREET ADDRESS <b>4301 W. Mojave Phoenix Az 8504</b>	
CITY, STATE AND ZIP CODE <b>ORLANDO, FL 32810</b>		CONTACT <b>JOHN BROCKMAN</b>		PHONE NUMBER <b>407-290-6592</b>		CONTACT <b>Booth Orthomerica Prod Inc. #930</b>	
3RD PARTY NUMBER		3RD PARTY		DECLARED VALUE		THE DECLARED VALUE FOR CARRIAGE OF THIS SHIPMENT IS AGREED AND UNDERSTOOD TO BE \$50.00 OR \$0.50 PER POUND, WHICHEVER IS GREATER, UNLESS A HIGHER VALUE IS DECLARED AND APPLICABLE CHARGES PAID. (SUBJECT TO THE TERMS AND CONDITIONS ON REVERSE SIDE, THE LIABILITY OF AIT WORLDWIDE FOR LOSS/DAMAGE IS AS STATED ABOVE)	
CHARGES (CHECK ONE) UNLESS OTHERWISE INDICATED. CHARGES ARE PREPAID <input checked="" type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> C.O.D. <input type="checkbox"/> 3rd PARTY		STREET ADDRESS		CITY, STATE AND ZIP CODE		DIMENSIONS	
CITY, STATE AND ZIP CODE		CONTACT		PHONE NUMBER		PCS L W H	
NO OF PACKAGES <b>8</b>		DESCRIPTION AND MARKS <b>Numbered Crates #1,3,4,5,6,7,8 and 9</b>		WEIGHT <b>9,000(?)</b>		C.O.D. AMT.	
SERVICE REQUESTED <input type="checkbox"/> SAME DAY <input type="checkbox"/> NEXT DAY <input type="checkbox"/> SECOND DAY <input type="checkbox"/> THREE DAY <input checked="" type="checkbox"/> DEFERRED <input type="checkbox"/> OTHER (SPECIFY BELOW)		QUOTE NUMBER		CUBIC WEIGHT		C.O.D. FEE	
SPECIAL INSTRUCTIONS <b>Must arrive at ACPA Warehouse NO LATER THAN Oct 18</b> <b>May arrive any time before Oct 18, 2001</b>		I certify that this cargo does not contain any unauthorized explosives, incendiaries, or hazardous materials. I consent to a search of this cargo. I am aware that this endorse ment and original signature, along with other shipping documents, will be retained on file for thirty days.		SHIPPER / Representative Signature: Sign Name x <b>John R. Brockman</b> Print Name x <b>John R. Brockman</b> Date <b>10/10/01</b>		TOTAL CHARGES	
THANK YOU FOR USING AIT WORLDWIDE LOGISTICS		RECEIVED BY CONSIGNEE IN GOOD ORDER UNLESS NOTED BELOW		CONSIGNEE SIGNATURE x <b>Tyler Biggs</b>		2071004	
				PLEASE PRINT <b>Tyler Biggs</b>			
				COMPANY <b>Consolidated Freight</b>			
				DATE <b>10-15-01</b> TIME <b>10:00</b>			

03

(IN ORDER TO EXPEDITE, SHIPMENT MAY BE DIVERTED TO MOTOR OR OTHER CARRIER AS PER TARIFF RULE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON DELIVERY RECEIPT)

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re:

Chapter 7

**Donald and Rolene Owens,**

**Bankr. No. 02-42812-NCD**

Debtor(s)

**UNSWORN CERTIFICATE OF SERVICE**

I, Sarah L. Fortin, declare under penalty of perjury that on January 5, 2004, I mailed copies of the attached **Notice of Hearing and Motion on Objection to Allowance of Claims and proposed Order** by first class mail postage prepaid to each entity named below at the address stated below for each entity:

Donald and Rolene Owens  
11021 Xylon Avenue North  
Champlin, MN 55316

Stephen A. Ling, Esq.  
Severson Sheldon Dougherty  
7300 West 147<sup>th</sup> Street, Suite 600  
Apple Valley, MN 55124

U.S. Trustee  
1015 U.S. Courthouse  
300 South Fourth Street  
Minneapolis, MN 55415

RJB  
Attn: Officer or Managing Agent  
552 Main Street  
Big Stone City, SD 57216

Skinner Transfer Corp.  
Payment Reconciliation Acct.  
Attn: Evelyn A. Skinner, President  
P O Box 692 Dept. A  
Reedsburg, WI 53959

Riley Transportation  
Attn: Officer or Managing Agent  
5029 MLK Freeway  
Fort Worth, TX 76119

A2B – 4U  
Attn: Miriam Moore, President  
8311 Rivergreen Drive  
Elverta, CA 95626

Northland Trucking Inc.  
Attn: Beverly Allen, Collection Mgr.  
P O Box 6586  
Phoenix, AZ 85005-6586

RJM X-Press  
Attn: Wendy Bowen, Operations Mgr.  
3592 NW 21 Circle  
Jennings, FL 32053

Ken Compton Jr Trkg Inc.  
Attn: Donna Compton, Vice President  
29745 E. Ondossagon Road  
Ashland, WI 54806

True Way Logistics  
Attn: Ernani J. Verlangidri, Authorized Agent  
3411 NW 9 Ave.  
Suite 708  
Ft. Lauderdale, FL 33309

Executed on: January 5, 2004

/e/ Sarah L. Fortin  
Sarah L. Fortin, Legal Secretary  
Lapp, Libra, Thomson, Stoebner &  
Pusch, Chartered  
120 South Sixth Street, Suite 2500  
Minneapolis, MN 55402  
612/338-5815

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UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re: Case No. BKY 02-42812-NCD  
Donald and Rolene Owens, Chapter 7 Case

Debtor. **ORDER REGARDING CLAIMS**

At Minneapolis, Minnesota this 18<sup>th</sup> day of February, 2004.

This matter came on for hearing before the undersigned Bankruptcy Judge on the 18<sup>th</sup> day of February, 2004, on the Trustee's objection to allowance of claims. Appearances, if any, were as noted in the record.

Upon the Motion of the Trustee, and the documents of record herein, and the Court being fully advised in the premises,

**IT IS HEREBY ORDERED:**

Claim Nos. 1, 2, 3, 5, 6, 8, 11, and 13 are disallowed.

Dated: \_\_\_\_\_, 2004

\_\_\_\_\_  
Nancy C. Dreher  
United States Bankruptcy Judge