UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

BKY No. 03-47921

In re:

Terry Robert Bauter, Sr., and Lynn Rae Walker-Bauter,

Debtors.

NOTICE OF HEARING AND MOTION OBJECTING TO CLAIMS

TO: Debtor(s), United States Trustee and the other entities specified in Local Rule 1204(a).

1. Randall L. Seaver, Trustee, moves the Court for the relief requested below and gives notice of hearing.

2. The court will hold a hearing on this motion on November 17, 2004 at 10:30 a.m. in Courtroom No. 7 West, U.S. Bankruptcy Court, 300 South Fourth Street, Minneapolis, MN 55415.

3. Any response to this motion must be filed and delivered not later then November 10, 2004 which is seven days before the time set for hearing, or filed and served by mail not later then November 5, 2004 which is ten days before the time set for hearing. UNLESS A RESPONSE OPPOSING THE MOTION IS TIMELY FILED, THE COURT MAY GRANT THE MOTION WITHOUT A HEARING.

4. This court has jurisdiction over this motion pursuant to 28 U.S.C.§§157 and 1334, Fed. R. Bankr. P. 5005 and Local Rule 1070-1. This proceeding is a core proceeding. The petition commencing this Chapter 7 case was filed on November 11, 2003. The case is now pending in this court.

5. This motion arises under 11 U.S.C.§§501, 502, 704(5) and 726 and Fed. R. Bankr. P. 3007(1). This motion is filed under Bankruptcy Rule 9014 and Local Rule 3007-1.

Movant requests relief with respect to disallowing certain Claims.

6. Following a review of the Claims Register and the Claims on file with the Court, the Trustee objects to the allowance of Claims No. 1, 2, 4, 5, 8 and 11 as upon information and belief each of these claims is not allowable claim against the Debtors personally or individually, but is a claim against a corporation or other business entity in which the Debtors had an interest, and not claims against the individual Debtors. Copies of the claims are attached hereto as Exhibit A.

8. The Trustee also objects to Claim No. 13. Claim No. 13 was filed by the Debtors' attorney on behalf of the Internal Revenue Service and purports to be a priority claim in the amount of $17,077.97 for tax years 1992, 1994, 1995, 1996, and 1998-2004. The claim is filed as a priority claim, however, no basis for the priority assertion for the years 1992, 1994, 1995 and 1998-1999 is provided. Nor is there any proof as to the amount of the claim. If personal income taxes are owed by the Debtors, there has been no proof provided of which purported taxes fall within the time period for priority provided by 11 U.S.C. §507(a)(8). A copy of Claim No. 13 is attached hereto as Exhibit B.

Wherefore, the Trustee moves the Court for an Order sustaining the Trustee's objections to claims 1, 2, 4, 5, 8, 11 and 13 and disallowing those claims in full and for such other and further relief as may be just and equitable.

FULLER, SEAVER & RAMETTE, P.A.

Dated: September 17, 2004

By: /e/ Randall L. Seaver

Randall L. Seaver 152882
12400 Portland Avenue South, Suite 132
Burnsville, MN 55337
(952) 890-0888

Attorneys for Randall L. Seaver, Trustee

VERIFICATION

I, Randall L. Seaver, the duly appointed Chapter 7 trustee of this Bankruptcy Estate, 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 September 17, 2004

/e/ Randall L. Seaver
Randall L. Seaver, Trustee

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Minnesota

PROOF OF CLAIM

Name of Debtor: Lyndale Hardware

Case Number: 03-47921

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): Safety-Kleen System, Inc.

Name and address where notices should be sent:
5400 Legacy dr.
Cluster II Bldg. 3
Plano, TX 75024
Telephone number: 972-265-2258

☐ 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.

RECEIVED 2004 MAR 19 AM 11:15 U.S. BANKRUPTCY COURT

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: 2498914

Check here if this claim ☐ 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 _____ (date) to _____ (date)

2. Date debt was incurred: See Attached

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 1,501.40

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.

THIS SPACE IS FOR COURT USE ONLY

Date: 3-17-04

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): Bernard Sparks / Bernard Sparks

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.

EXHIBIT A

Write-Offs Lyndale Hardware
Case # 03-427921
Terry Robert Bauter, Sr
Lynn Rae Walker-Bauter

						Account Number 2498914				
Assignment	**Type**	**Doc.no.**	**Clrng doc.**	**Inv. ref.**	**Reference**	**Text**	**Doc. date**	**Net due dt**	**Clearing**	**LC amnt**
MB00764134	RZ	0901651244		0901651244	MB00764134		05/27/2003	06/26/2003		105.44
MB00787704	RZ	0901924133		0901924133	MB00787704		06/27/2003	07/27/2003		105.44
0023746009	RZ	0901934814		0901934814	0023746009		06/30/2003	07/30/2003		63.90
MB00807678	RZ	0902142196		0902142196	MB00807678		07/28/2003	08/27/2003		105.44
MB00835299	RZ	0902390993		0902390993	MB00835299		08/27/2003	09/26/2003		105.44
MB00859782	RZ	0902647940		0902647940	MB00859782		09/29/2003	10/29/2003		105.44
MB00650746	RZ	0900449538		0900449538	MB00650746		12/30/2002	01/29/2003		105.44
MB00671061	RZ	0900688627		0900688627	MB00671061		01/29/2003	02/28/2003		105.44
MB00695301	RZ	0900931765		0900931765	MB00695301		02/27/2003	03/29/2003		105.44
MB[illegible]18247	RZ	0901165599		0901165599	MB00718247		03/27/2003	04/26/2003		105.44
002[illegible]9481	RZ	0901324858		0901324858	0023359481		04/16/2003	05/16/2003		234.90
MB00737249	RZ	0901409516		0901409516	MB00737249		04/28/2003	05/28/2003		105.44
										1,353.20
0022407313	LB	1400587681	1700155464	0900304238	6255		04/21/2003	01/10/2003	09/24/2003	148.20
	WO	1700155464	1700155464	1700155464		Write-Off Short Pays <$500 and >120 Past Due	06/26/2003	06/26/2003	09/24/2003	-148.20
										148.20
						Account Number 2867271				
Assignment	**Type**	**Doc.no.**	**Clrng doc.**	**Inv. ref.**	**Reference**	**Text**	**Doc. date**	**Net due dt**	**Clearing**	**LC amnt**
P000985371	RZ	0903044092		0903044092	P000985371		11/17/2003	12/17/2003		116.06
										116.06
						Current Write-Offs				**1,469.26**
						Previous Write-Offs				**148.20**
						Total Write-Off				**1,617.46**

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (MINNEAPOLIS)

PROOF OF CLAIM

UNITED STATES Received MAY 19 2004 BANKRUPTCY COURT

03-47921

5607087

2

THIS SPACE IS FOR COURT USE ONLY

Name of Debtor
TERRY ROBERT BAUTER SR
LYNN RAE WALSER-BAUTER

Case Number
03-47921

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):
MTI DISTRIBUTING

☐ 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.

Name and Address where notices should be sent:

MTI DISTRIBUTING
4830 AZELLA AVE
BROOKLYN CTR MN 55429

☐ 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: (763)592-5600

Account or other number by which creditor identifies debtor: 701485

Check here if this claim ☐ 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)
Last four digits of SS #: _____
☐ Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 5/6/03 - 9/30/03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $_____ (unsecured) 815.38 (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 Product sold & proceeds thereof

Value of Collateral: $ 771.31

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.

Send claims to:

U.S. Bankruptcy Court
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415

Date 5/18/04

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):
Reidun Stack, Fin. Mgr. Reidun Stack, Finance Manager

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.

For CHAPTER 7, 11 or 12 CASES filed on or after April 1, 2004

014922 23318014952011

Remit To:
MTI Distributing, Inc
SDS 12-1900
PO Box 86
Minneapolis, MN 55486-1900

Customer #
701485
Statement Date
09/30/03
Total Due
815.38
Due Now
815.38

Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

Amount Paid
$_____
Please Return This Portion
With Your Remittance

Statement Print

Statement Date	Customer #
09/30/03	701485

Inv Date	Due Date	Type	Status	Invoice #	Charge	Credit
05/06/03	06/05/03	IN	DUE	351755-00	134.93	
05/21/03	06/20/03	IN	DUE	355108-00	179.48	
05/27/03	06/26/03	IN	DUE	356202-00	112.20	
05/31/03	05/31/03	SC	DUE	53103-99	4.02	
06/10/03	07/10/03	IN	DUE	359991-00	59.25	
06/30/03	06/30/03	SC	DUE	63003-99	10.43	
07/02/03	08/01/03	IN	DUE	365126-00	231.28	
07/31/03	07/31/03	SC	DUE	73103-99	7.29	
08/01/03	08/31/03	IN	DUE	370517-00	54.17	
08/31/03	08/31/03	SC	DUE	83103-99	10.76	
09/30/03	09/30/03	SC	DUE	93003-99	11.57	

Company: MTI Distributing, Inc

Charges Outstanding: 815.38

Balance Due: 815.38
Due Now:

Current	1-30 Days	31-60 Days	61-90 Days	+90 Days
11.57	64.93	238.57	69.68	430.63

Memo SV Chg	Memo Credits	Future Due	On Order	Svc Chg YTD
44.07	0.00	0.00	57.20	72.07

4830 AZELIA AVENUE NORTH, SUITE 100
BROOKLYN CENTER, MN 55429-3831
PHONE: 763-592-5600 FAX: 763-592-5700
www.mtidistributing.com

INVOICE

*** D U P L I C A T E ***

UPC VENDOR	INVOICE DATE	INVOICE NO.
000000	05/06/03	351755-00
	P.O. NO.	PAGE #
	3904	1

CUST.#: 701485

REMIT ALL PAYMENTS TO: **SDS 12-1900**
PO BOX 86
MINNEAPOLIS, MN 55486-1900

BILL TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

SHIP TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

INSTRUCTIONS			
TDF #106907			
SHIP POINT	SHIP VIA	SHIPPED	TERMS
MTI Brooklyn Center	Speedee	05/06/03	Net 30 Days

LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY. SHIPPED	QTY. U/M	UNIT PRICE	AMOUNT (NET)
1	89802 RPLCMNT. SIDE BAG (OLD S	3	0	3	E	22.46	67.38
2	59195 21"RECYCLER BAG KIT (SP	1	0	1	E	57.20	57.20
2	Lines Total	Qty Shipped Total		4		Total frt-out Invoice Total	124.58 10.35 134.93

Last Page

Title and risk of loss transfers upon FOB shipping point.

TORO. **Count on it.**

4830 AZELIA AVENUE NORTH, SUITE 100
BROOKLYN CENTER, MN 55429-3831
PHONE: 763-592-5600 FAX: 763-592-5700
www.mtidistributing.com

INVOICE

*** D U P L I C A T E ***

UPC VENDOR	INVOICE DATE	INVOICE NO.
000000	05/21/03	355108-00
	P.O. NO.	PAGE #
	3929	1

CUST.#: 701485

REMIT ALL PAYMENTS TO: **SDS 12-1900**
PO BOX 86
MINNEAPOLIS, MN 55486-1900

BILL TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

SHIP TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

INSTRUCTIONS			
TDF #106907			
SHIP POINT	SHIP VIA	SHIPPED	TERMS
MTI Brooklyn Center	Speedee	05/21/03	Net 30 Days

LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY. SHIPPED	QTY. U/M	UNIT PRICE	AMOUNT (NET)
1	59195 21"RECYCLER BAG KIT (SP	3	0	3	E	57.20	171.60
1	Lines Total	Qty Shipped Total		3		Total frt-out Invoice Total	171.60 7.88 179.48

Last Page

Title and risk of loss transfers upon FOB shipping point.

TORO. **Count on it.**

4830 AZELIA AVENUE NORTH, SUITE 100
BROOKLYN CENTER, MN 55429-3831
PHONE: 763-592-5600 FAX: 763-592-5700
www.mtidistributing.com

INVOICE

*** D U P L I C A T E ***

UPC VENDOR	INVOICE DATE	INVOICE NO.
000000	05/27/03	356202-00
	P.O. NO.	PAGE #
	faxed	1

CUST.#: 701485

REMIT ALL PAYMENTS TO: **SDS 12-1900**
PO BOX 86
MINNEAPOLIS, MN 55486-1900

BILL TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

SHIP TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

INSTRUCTIONS			
TDF #106907			
SHIP POINT	SHIP VIA	SHIPPED	TERMS
MTI Brooklyn Center	Speedee	05/27/03	Net 30 Days

LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY. SHIPPED	QTY. U/M	UNIT PRICE	AMOUNT (NET)
1	59299 STEEL DECK BAG ON DEMAND	2	0	2	E	50.70	101.40
1	Lines Total	Qty Shipped Total		2		Total frt-out Invoice Total	101.40 10.80 112.20

Last Page

Title and risk of loss transfers upon FOB shipping point.

TORO. **Count on it.**

4830 AZELIA AVENUE NORTH, SUITE 100
BROOKLYN CENTER, MN 55429-3831
PHONE: 763-592-5600 FAX: 763-592-5700
www.mtidistributing.com

INVOICE

*** D U P L I C A T E ***

UPC VENDOR	INVOICE DATE	INVOICE NO.
000000	06/10/03	359991-00
	P.O. NO.	PAGE #
	3961	1

CUST.#: 701485

REMIT ALL PAYMENTS TO: **SDS 12-1900**
PO BOX 86
MINNEAPOLIS, MN 55486-1900

BILL TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

SHIP TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

INSTRUCTIONS			
TDF #106907			
SHIP POINT	SHIP VIA	SHIPPED	TERMS
MTI Brooklyn Center	Speedee	06/10/03	Net 30 Days

LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY. SHIPPED	QTY. U/M	UNIT PRICE	AMOUNT (NET)
1	89906 LB REAR BAG KIT 2.5 BUSH	1	0	1	E	52.46	52.46
2	59199 21" SIDE DISCHARGE CHUTE ORDER FROM TORO PARTS	1	0	0	E	27.50	0.00
2	Lines Total	Qty Shipped Total		1		Total frt-out Invoice Total	52.46 6.79 59.25

Last Page

Title and risk of loss transfers upon FOB shipping point.

TORO. **Count on it.**

4830 AZELIA AVENUE NORTH, SUITE 100
BROOKLYN CENTER, MN 55429-3831
PHONE: 763-592-5600 FAX: 763-592-5700
www.mtidistributing.com

INVOICE

*** D U P L I C A T E ***

UPC VENDOR	INVOICE DATE	INVOICE NO.
000000	07/02/03	365126-00
	P.O. NO.	PAGE #
	faxed	1

CUST.#: 701485

REMIT ALL PAYMENTS TO: **SDS 12-1900**
PO BOX 86
MINNEAPOLIS, MN 55486-1900

BILL TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

SHIP TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

INSTRUCTIONS			
TDF #106907			
SHIP POINT	SHIP VIA	SHIPPED	TERMS
MTI Brooklyn Center	Speedee	07/02/03	Net 30 Days

LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY. SHIPPED	QTY. U/M	UNIT PRICE	AMOUNT (NET)
1	59195 21"RECYCLER BAG KIT (SP	2	0	2	E	57.20	114.40
2	59299 STEEL DECK BAG ON DEMAND	2	0	2	E	50.70	101.40
2	Lines Total	Qty Shipped Total		4		Total	215.80
						frt-out	15.48
						Invoice Total	231.28

Last Page

Title and risk of loss transfers upon FOB shipping point.

TORO. **Count on it.**

4830 AZELIA AVENUE NORTH, SUITE 100
BROOKLYN CENTER, MN 55429-3831
PHONE: 763-592-5600 FAX: 763-592-5700
www.mtidistributing.com

INVOICE

*** D U P L I C A T E ***

UPC VENDOR	INVOICE DATE	INVOICE NO.
000000	08/01/03	370517-00
	P.O. NO.	PAGE #
	4023	1

CUST.#: 701485

REMIT ALL PAYMENTS TO: **SDS 12-1900**
PO BOX 86
MINNEAPOLIS, MN 55486-1900

BILL TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

SHIP TO: Lyndale Hardware Sales & Serv
TRLR Enterprises, Inc
6421 Penn Avenue South
Richfield, MN 55423

INSTRUCTIONS			
TDF #106907			
SHIP POINT	SHIP VIA	SHIPPED	TERMS
MTI Brooklyn Center	Speedee	08/01/03	Net 30 Days

LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY. SHIPPED	QTY. U/M	UNIT PRICE	AMOUNT (NET)
1	89816 RPLCMNT. SIDE BAG (NEWER	2	0	2	E	23.96	47.92
1	Lines Total	Qty Shipped Total		2		Total frt-out Invoice Total	47.92 6.25 54.17

Last Page

Title and risk of loss transfers upon FOB shipping point.

TORO. **Count on it.**

Filing # 2272417

STATE OF MINNESOTA
UCC-1 FINANCING STATEMENT

For Filing Officer

This statement is presented for filing pursuant to *Minnesota Uniform Commercial Code Minnesota Statutes Chapter 336.9-402* (Type in Black Ink)

1. Individual Debtor - Last Name		First Name	Middle I.
Social Security #	Mailing Address		
City		State	Zip Code
2. Individual Debtor - Last Name		First Name	Middle I.
Social Security #	Mailing Address		
City		State	Zip Code
3. Business Debtor - Name TRLR Enterprises, Inc dba Lyndale Hardware Sales & Service			
Fed. ID # 41-1981944	Mailing Address 6421 Penn Agenue S.		
City Richfield		State MN	Zip Code 55423

4. Secured Party Name MTI Distributing Company / Plymouth Sales Co.			5. Assignee of Secured Party		
Mailing Address 14900 21st Ave. North			Mailing Address		
City Plymouth	State MN	Zip Code 55447	City	State	Zip Code

6. This financing statement covers the following types or items of property. (If crops are covered describe the real estate and list the name of record owner.)

Any and all merchandise sold to debtor by MTI Distributing Co. or Plymouth Sales Co., including, but not limited to, all inventory, equipment, parts and accessories sold by Secured Party to Debtor, and all proceeds thereof.

_____ Debtor is a transmitting utility as defined by Minnesota Statutes Chapter 336.9-105

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

MTI Distributing Co.
14900 21st Avenue North
Plymouth, MN 55447

Please do not type outside the bracketed area.

X _____
Debtor's Signature
(Required in Most Cases see instructions)

_____
Debtor's Signature

_____
Secured Party's Signature

(06920819 Rev. 5/93) Standard Form Approved by Secretary of State

(5) DEBTOR COPY

SECURITY AGREEMENT

MTI Distributing Company
14900 - 21st Avenue North
Plymouth, Minnesota 55447

TRLR Enterprises, Inc. dba Lyndale Hardware Sales and Service
Customer (Include Legal Name of Business and Any DBA's)

6421 Penn Avenue So. Richfield, MN 55423
Address City State Zip Code

In this Security Agreement, the words "I", "ME", "MY", "MINE" mean customer and anyone else who signs below. "YOU" and "YOUR" mean MTI Distributing Company.

SECTION ONE
Sales to Customer on Credit

From time to time you may, at your discretion, sell goods and personal property to me. These goods and personal property may include all whole goods, replacement parts, accessories and any other items I order from you. For purposes of this Agreement, goods and personal property means all my inventory and equipment that I have purchased or will purchase from you, whether now owned or hereafter acquired and wherever located. From time to time, you may at your discretion, determine to extend credit to me in connection with my purchase of goods and personal property.

SECTION TWO
Security Interest

By signing this Agreement, I give you a security interest in the goods and personal property. I also give you a security interest in the following property (Please list. If none, so state):

_____

_____

For purposes of this Agreement, the goods and personal property and the other property listed above shall be referred to as collateral. The security interest in the collateral will secure and protect you for all amounts I owe you. Proceeds of the collateral (including, without limitation: cash, credit or lease sales to my own customers) and all replacements or additions to the collateral are covered by the security interest.

SECTION THREE
Ownership

I promise I am the sole owner of the collateral. No other person or organization has a security interest in it and no other person or organization has any claim to it. I also promise I will not give anyone else a security interest in the collateral.

SECTION FOUR
Maintenance of the Property

I will maintain the collateral in good condition and will protect it against loss, damage and destruction from any cause.

SECTION FIVE
Insurance

I promise I will keep the collateral insured (under an extended coverage policy) for its full value against loss caused by fire, collision, theft or other casualty. I understand that I may choose the insurance company, but my choice must meet your approval. The policy must say you are to be paid if there is a loss. If you ask, I will deliver a copy of my policy (or other evidence of the insurance) to you.

SECTION SIX
Other promises

I will:

1. Pay all taxes and other charges on the collateral.
2. Keep the collateral in good repair or working order, including replacement of all broken or worn parts.
3. Notify you in writing immediately of any loss or damage to the collateral.
4. Keep the collateral insured against loss, theft and collision (for motor vehicles) as well as insured against any other loss or risks you name.
5. Provide you with financing statements at your request.
6. Endorse and deliver to you any documents, instruments chattel paper in which you have a security interest.
7. Keep accurate records pertaining to the collateral and provide such records for your inspection at your request.
8. Pay all of your costs of creating, protecting and enforcing your security interest, if you request.
9. Provide you with periodic financial reports at your request.
10. At your request, promptly provide you with the owner(s) name(s) and legal description of any real property improved with the collateral, if the collateral is irrigation equipment and I am in the business of installing such irrigation equipment. I also recognize your right to file mechanic's liens against such real property.
11. Pay all legal interest charged to my past due account(s).

SECTION SEVEN
Default

I will have possession and use of the collateral unless one of the following occurs:

1. If I fail to pay on time any amount due under the credit sales to me, or
2. If I fail to comply with any requirement in this Agreement or in any other agreement between us relating to the collateral, or
3. If any statement in my application for credit to you was false or misleading, or
4. If I become bankrupt or insolvent, or go out of business, or
5. If any judgment, lien, attachment or execution is entered or issued against me or the collateral, or
6. [illegible]

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (MINNEAPOLIS)

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT Received MAY 21 [redacted]

03-47921

5607103

Name of Debtor	Case Number
TERRY ROBERT BAUTER SR LYNN RAE WALSER-BAUTER	03-47921

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):
TRANS ALARM INC

☐ 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.

Name and Address where notices should be sent:

TRANS ALARM INC
500 E TRAVELERS TR
BURNSVILLE MN 55337

☐ 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.

4

THIS SPACE IS FOR COURT USE ONLY

Telephone Number:

Account or other number by which creditor identifies debtor: 6421 PENNAVE

Check here if this claim ☐ 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)
Last four digits of SS #: _____
☐ Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: November 20, 2003

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 93.92 (unsecured) _____ (secured) _____ (priority) 93.92 (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.

Send claims to:

U.S. Bankruptcy Court
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415

Date 19 May 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):

[signature] VP

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.

For CHAPTER 7, 11 or 12 CASES filed on or after April 1, 2004

021987 23318022031014

Invoice: RECUR315367-69

Invoice Date: 8/1/2003

Purchase Order No.:

Payment Due Date: 8/31/2003

Page: 1

Trans-Alarm, Inc.
500 East Travelers Trail
Burnsville, Minnesota 55337-7503
Phone (952) 894-1700 • FAX (952) 894-1850

Bill To:

Lyndale Hardware Sales/Service
405 5th Street SE
Terry and Lynn Bauter

Minneapolis MN 55414

Location Address:

Lyndale Hardware Sales/Service
6421 Penn Avenue

Richfield, MN 55423

Contact Person	Terms	Sales Person
	Net 30	VOGELGESANG

Qty	Item Description	Unit Price	Ext. Price
1.00	RECUR0315367 Cellular Back Up Monitoring	$64.35	$64.35
1.00	RECUR0315368 Inspection Annual	$9.00	$9.00
1.00	RECUR0315368 Open & Close Report Service	$14.83	$14.83

Pre-Petition Claim

Invoice Coverage Dates: 08/01/2003 through 9/15/2003

Subtotal	$88.18
Misc	$0.00
Tax	$5.74
Freight	$0.00
Trade Discount	$0.00
Total	**$93.92**

A Late Fee will be applied to all Invoices that are not paid by due date.

Tear this stub and return with payment to ensure proper payment.

Trans-Alarm, Inc.
500 East Travelers Trail
Burnsville, Minnesota 55337-7503
Phone (952) 894-1700 • FAX (952) 894-1850

Visa and Mastercard accepted.

Please make checks payable to:

Trans-Alarm, Inc.

Customer ID	Invoice Number	Payment Terms	Due Date	Amount Due
6421PENNAVE	RECUR315367-69	Net 30	8/31/2003	$93.92

LITHO USA 4-03 236-36 T03SF007809M

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (MINNEAPOLIS)

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT Received MAY 24 2004

03-47921

5607092

Name of Debtor
TERRY ROBERT BAUTER SR
LYNN RAE WALSER-BAUTER

Case Number
03-47921

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):
PATHFINDER COMPUTER

☐ 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.

Name and Address where notices should be sent:

PATHFINDER COMPUTER
~~111 PORTAGE TRL W~~
~~CUYAHOGA FALLS OH 44221~~
345 5TH ST NE
BARBERTON, OH 44203

Telephone Number: 330 928-1961

5

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ 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)
Last four digits of SS #: _____
☐ Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 6-30-2003 8-11-2003

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 2,350.00 (unsecured) _____ (secured) _____ (priority) 2,350.00 (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.

Send claims to:

U.S. Bankruptcy Court
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415

Date 5-19-04

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): Rodney Starcher - Pres

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.

For CHAPTER 7, 11 or 12 CASES filed on or after April 1, 2004

021233 23318021276014

invoice

INVOICE NO. 10072

PATHFINDER COMPUTER SYSTEMS
111 Portage Trail W.
CUYAHOGA FALLS, OHIO 44221

(330) 928-1961 • FAX (330) 928-0837

L TO:

LYNDALE HARDWARE SMALL ENGINE
6421 Penn Ave S.
ATTN: Terry Kohrt
Richfield MN 55423

SHIP TO:

NVOICE DATE	YOUR ORDER NO.	TERMS	SALESPERSON
6/30/2003		NET 15 DAYS	CHUCK

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	PCS ODYSSEY FOR WINDOWS	1,950.00	1,950.00
	INVENTORY CONTROL, CUSTOMER INVOICING, PURCHASING. 90 DAYS FREE SUPPORT		
1.00	PCS ODYSSEY WORK ORDERS	750.00	750.00
1.00	PCS ODYSSEY ACCOUNTING PACKAGE	900.00	900.00
	INCLUDES ACCOUNTS RECEIVABLE, ACCOUNTS PAYABLE, AND GENERAL LEDGER.		
1.00	PART SMART INTERFACE	75.00	75.00
	$1845.00 due now $922.50 due Jun 15, 2003 $922.50 due Sep 15, 2003		
	Price files to be added at a later date. Conversion of Inventory/Customer data dependent on submission format.		

Thank You !
We Appreciate Your business.

Sub Total	3,675.00
Shipping & Handling	15.00
Sales Tax	0.00
Invoice Total	3,690.00
Payment	0.00
Invoice Balance	3,690.00

A FINANCE CHARGE OF 2% OR $5.00 (WHICHEVER IS MORE) IS ADDED TO INVOICES NOT PAID WITHIN 30 DAYS OF INVOICE DATE, AS STATED ABOVE.

Thank You

invoice

PATHFINDER COMPUTER SYSTEMS
111 Portage Trail W.
CUYAHOGA FALLS, OHIO 4422

(330) 928-1961 • FAX (330) 928-0837

INVOICE NO. 10199

TO.

LYNDALE HARDWARE SMALL ENGINE
6421 Penn Ave S.
ATTN: ~~Terry Kahn~~t DONNA
Richfield MN 55423

SHIP TO.

VOICE DATE	YOUR ORDER NO.	TERMS	SALESPERSON
8/11/2003		NET 15 DAYS	CHUCK

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	MTD DEALER PRICE CONVERT - PN	45.00	45.00
1.00	MURRAY/NOMA PRICE CONVERT - PN	60.00	60.00
1.00	AMERICAN YARD PRICE CONVERT -	0.00	0.00
1.00	ARIENS PRICE CONVERT - PN	0.00	0.00
1.00	BRIGGS PRICE CONVERT - PN	35.00	35.00
1.00	GATES RUBBER PRICE CONVERT - P	35.00	35.00
1.00	HONDA PRICE CONVERT - PN	40.00	40.00
1.00	KOHLER PRICE CONVERT - PN	35.00	35.00
1.00	LAWN BOY PRICE CONVERT - PN	40.00	40.00
1.00	ROTARY PRICE CONVERT - PN	35.00	35.00
1.00	STIHL MIDWEST PRICE CONVERSION	35.00	35.00
1.00	TECUMSEH PRICE CONVERT - PN	35.00	35.00
1.00	TORO WHEELHORSE PRICE CONVERT	40.00	40.00
1.00	WALBRO PRICE CONVERT - PN	35.00	35.00
1.00	ZAMA PRICE CONVERT - PN	35.00	35.00

Thank You !
We Appreciate Your business.

Sub Total	505.00
Sales Tax	0.00
Invoice Total	505.00
Payment	0.00
Invoice Balance	505.00

A FINANCE CHARGE OF 2% OR $5.00 (WHICHEVER IS MORE) IS ADDED TO INVOICES NOT PAID WITHIN 30 DAYS OF INVOICE DATE, AS STATED ABOVE.

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (MINNEAPOLIS)

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT Received JUN - 7 2004

03-47921

5607098

Name of Debtor
TERRY ROBERT BAUTER SR
LYNN RAE WALSER-BAUTER

Case Number
03-47921

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):
SJOBERG & TEBELIUS, P.A.

Name and Address where notices should be sent:
SJOBERG & TEBELIUS, P.A
2145 WOODLANE DR #101
WOODBURY MN 55125

Telephone Number: 651 738 3433

☐ 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.

8

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: 2532.0

Check here if this claim ☐ 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)
Last four digits of SS #: _____
☐ Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 2/24/03, - 6/24/03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 1007.57 (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.

Send claims to:
U.S. Bankruptcy Court
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415

Date 06/04/2004

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):
Mark A. Tebelius

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.

For CHAPTER 7, 11 or 12 CASES filed on or after April 1, 2004

014816 23318014846019

JOBERG TEBELIUS
ATTORNEYS & COUNSELORS
AT LAW

Invoice submitted to:

TRLR Enterprises, Inc.
405 - 5th Street S.E.
Minneapolis MN 55414

February 24, 2003

Invoice # 2532

Professional Services

			Amount
1/16/03	MAT	Prepare Certificate of Assumed Name: Lyndale Hardware Sales and Service; Prepare Certificate of Assumed Name: Lyndale Hardware Small Engine; Prepare Unanimous Writing in Lieu of a Special Meeting; Letter to client regarding Assumed Names; Letter to Secretary of State; Letter to Commerce and Finance regarding Publication.	245.00
		For professional services rendered	$245.00
		Additional Charges :	
2/6/03		Secretary of State - Assumed Name Filing Fee (2).	100.00
		Postage.	1.57
		Total costs	$101.57
		Total amount of this bill	$346.57
		Balance due	$346.57

Due upon receipt.

2145 Woodlane Drive, Suite 101 ◆ Woodbury, Minnesota 55125 ◆ Phone: 651.738.3433 ◆ Toll Free: 888.221.3433 ◆ Fax: 651.738.0020
E-mail: office@stlawfirm.com

SJOBERG TEBELIUS
ATTORNEYS & COUNSELORS
AT LAW

Invoice submitted to:

TRLR Enterprises, Inc.
405 - 5th Street S.E.
Minneapolis MN 55414

March 24, 2003

Invoice # 2532

Professional Services

			Amount
3/17/03	DPC	Telephone Conference with Client regarding sales tax liens and use of logo by competitor.	84.00
		For professional services rendered	$84.00
		Additional Charges :	
3/7/03		Finance & Commerce - Certificate of Assumed Name publication (2)	70.00
		Total costs	$70.00
		Total amount of this bill	$154.00
		Previous balance	$346.57
		Balance due	$500.57

Due upon receipt.

2145 Woodlane Drive, Suite 101 ◆ Woodbury, Minnesota 55125 ◆ Phone: 651.738.3433 ◆ Toll Free: 888.221.3433 ◆ Fax: 651.738.0020
E-mail: office@stlawfirm.com

SJOBERG & TEBELIUS

ATTORNEYS & COUNSELORS
AT LAW

Invoice submitted to:

TRLR Enterprises, Inc.
405 - 5th Street S.E.
Minneapolis MN 55414

June 24, 2003

Invoice # 2532

Professional Services

			Amount
5/21/2003	SWS	Telephone conference with Lynn Bauter regarding judgment against corporation.	58.50
5/22/2003	SWS	Travel to/from Mpls and review court file at government center.	292.50
5/23/2003	SWS	Telephone Conference with Client regarding judgment and advise on whether to try vacate it.	58.50
5/27/2003	SWS	Review client's voice mail questions; research statutes regarding stay of judgment; Telephone Conference with Client regarding same.	97.50
5/28/2003	SWS	Letter to client regarding summary of advice.	NO CHARGE
		For professional services rendered	$507.00
		Previous balance	$500.57
		Balance due	$1,007.57

Due upon receipt.

SJOBERG & TEBELIUS, P.A.

2145 Woodlane Drive, Suite 101 ♦ Woodbury, Minnesota 55125 ♦ Phone: 651.738.3433 ♦ Toll Free: 888.221.3433 ♦ Fax: 651.738.0020

E-mail: office@stlawfirm.com

B-10
(6/90)

United States Bankruptcy Court

DISTRICT OF Minnesota

PROOF OF CLAIM

CHAPTER 7

Name of Debtor
TERRY ROBERT BAUTER SR
LYNN RAE WALSER-BAUTER

Case No.
03-47921

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

Name of Creditor
(The person or entity to whom the debtor owes money or property).
Northern States Power Co. DBA Xcel Energy

Name and Addresses Where Notices Should be Sent

1518 Chestnut Ave N
Mpls Mn 55403

Telephone (612) 630-4708

☐ Check box if you are aware that anyone elsehas filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notice 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.

UNITED STATES BANKRUPTCY COURT
JUN 18 2004

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
1634-265-705

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

1. BASIS FOR CLAIM:
- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other (Describe briefly) Utility Service
- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (Fill out below)
  Your social security number _____
  Unpaid compensations for services performed
  from _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED:
11/11/03

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be partly in one category and part in another.
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM..

☐ SECURED CLAIM $_____
Attach evidence of perfection of security interest
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrears and other charges included in secured claim above, if any $ _____

☒ UNSECURED NON PRIORITY CLAIM $ $1091.40
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extend that the value of such property is less than the amount of the claim.

☐ UNSECURED PRIORITY CLAIM $_____
Specify the priority of the claim
- ☐ Wages, salaries or commissions (up to $2000, earned not more than 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 $900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S. C. §507(a)(6)
- ☐ Taxes or penalties of governmental units - 11 U.S. C. §507(a)(7)
- ☐ Other - 11 U.S. C. §507(a)(2), (a)(5) - (Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

$ $1091.40 (Unsecured)	$_____ (Secured)	_____ (Priority)	$1091.40 (Total)

☐ Check this box if claim includes prepetition charges in addition to the principal; amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-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.

THIS SPACE IS FOR COURT USE ONLY

Date
6/17/04

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).
Kathy Moen
Kathy Moen, Legal 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.

IN ACCOUNT WITH
NORTHERN STATES POWER COMPANY
DBA XCEL ENERGY
1518 CHESTNUT AVE N
MPLS MN 55403

SERVICE USED UNDER : LYNDALE HARDWARE SALES

SERVICE USED AT:	6421 PENN AVE S	$1091.40
SERVICE USED TO:	11/11/03	
	TOTAL	$1091.40

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

PROOF OF CLAIM

Name of Debtor: Terry & Lynn Bauter

Case Number: 03-47921

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):

Internal Revenue Service

Name and address where notices should be sent:

Ogden UT 84201-0039

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 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:

41-1981944

Check here if this claim ☐ 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)
Last four digits of SS #: _____
☐ Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 92, 94, 95, 96, 98 -'04

3. If court judgment, date obtained:

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

(unsecured)	(secured)	(priority)	(Total)
		17077.97	

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.

Send claims to:
U.S. Bankruptcy Court
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415

Date: 07/12/04

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): Matthew R Burton 210018 (Atty for Debtors)

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.

For CHAPTER 7, 11 or 12 CASES filed on or after April 1, 2004

EXHIBIT B

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

BKY No. 03-47921

In re:

Terry Robert Bauter, Sr., and Lynn Rae Walker-Bauter,

Debtors.

UNSWORN CERTIFICATE OF SERVICE

I, Kari L. Fogarty declare under penalty of perjury that on September 17, 2004 I mailed a copy of the Notice of Hearing and Motion Objecting to Claims and proposed Order by first class mail, postage prepaid to the following entities:

Matthew R. Burton
Leonard, O'Brien, Spencer, Gale & Sayre
100 South Fifth Street, Suite 2500
Minneapolis, MN 55402

MTI Distributing
4830 Azella Avenue
Brooklyn Center, MN 55429

Pathfinder Computer
345 5th Street NE
Barberton, OH 44203

Internal Revenue Service
Ogden, UT 84201-0039

Northern States Power Co.
d/b/a Xcel Energy
1571 Chestnut Avenue N.
Minneapolis, MN 55403

Trans Alarm Inc.
500 E. Travelers Trail
Burnsville, MN 55337

Sjoberg & Tebelius, P.A.
2145 Woodlane Drive, Suite 101
Woodbury, MN 55125

U.S. Attorney's Office
District of Minnesota
U.S. Courthouse
300 South Fourth Street, Suite 600
Minneapolis, MN 55415

Office of the United States Trustee
1015 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415

FULLER, SEAVER & RAMETTE, P.A.

Dated: September 17, 2004

By: /e/ Kari L. Fogarty
Kari L. Fogarty
Legal Secretary
12400 Portland Avenue South, Suite 132
Burnsville, MN 55337
(952) 890-0888

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

Bky No. 03-47921

In re:

Terry Robert Bauter, Sr., and Lynn Rae Walker-Bauter,

Debtors.

ORDER

This matter is before the Court pursuant to the Trustee's Motion objecting to the allowance of Claim Numbers 1, 2, 4, 5, 8, 11 and 13.

Based upon all the records, files and proceedings,

IT IS ORDERED:

That Claim Numbers 1, 2, 4, 5, 8, 11 and 13 are disallowed in full.

BY THE COURT:

Dated:_____, 2004

_____
Nancy C. Dreher
U.S. Bankruptcy Judge