

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re:

**Chad H. and Sheree M. Lindemann,**

**Bankr. No. 02-84440-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 December 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>
Ace Hardware	09/02/03	495.10	Unsecured, non-priority	4
KLTA	09/02/03	1,467.19	Unsecured, non-priority	5
FOX KPFX	09/02/03	454.20	Unsecured, non-priority	6
G & K Services	09/02/03	1,635.73	Unsecured, non-priority	8
Payroll Express Inc.	09/04/03	32,478.11	Unsecured, non-priority	11
Montgomery Goff & Bullis PC	09/08/03	846.00	Unsecured, non-priority	12
Truck Licensing & Services	09/08/03	196.81	Unsecured, non-priority	13

6. The Trustee objects to the claims identified above on the basis that the Debtors' schedules and the attachments to the Proof of Claims indicate the claims are the obligation of Lindemann Piano, Inc. and/or Advanced Moving & Equipment, 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 12, 2004

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

Attorneys for Trustee

**VERIFICATION**

I, John R. Stuebner, 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 12, 2004

/e/ John R. Stuebner  
John R. Stuebner, Trustee

Y:\DOC\03\030048\claim objection motion.doc

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

**PROOF OF CLAIM**

Name of Debtor  
**CHAD H LINDEMANN  
SHEREE M LINDEMANN**

Case Number  
02-84440

**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):  
**ACE HARDWARE**  
Name and Address where notices should be sent:  
**ACE HARDWARE  
1417 S UNIVERSITY DR  
FARGO ND 58103**

- 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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Telephone Number: **701-232-8903**

Account or other number by which creditor identifies debtor:  
**200852**

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:**  
**11/21/00 - 5/17/01 Last Charge Direct Store**

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

\$ **195.10**

**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. **- See Attached -**

**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: **8/28/03**  
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):  
**Mal Holmset, Vice President Hubert**

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.

ALL STORES SELECTED  
TRANSACTION HISTORY LISTING

RUN ID: THM  
RUN BY: SW  
CUSTOMER

SEQUENCE: N

CUSTOMER: 200852

FROM: 00/00/00

TO: 99/99/99

\*R = REFUND \*D = DEFECTIVE RETURN

DATE	DOCUMENT	TYPE	AMOUNT	APPLIED
200852	LINDEMANN PIANO TUNING	072401 SC072401	SC	9.64
200852	LINDEMANN PIANO TUNING	082701 Stmt Bal	ST	715.28
200852	LINDEMANN PIANO TUNING	082701 SC082701	SC	10.43
200852	LINDEMANN PIANO TUNING	091901 01540678	PY	150.00
200852	LINDEMANN PIANO TUNING	092301 Stmt Bal	ST	573.46
200852	LINDEMANN PIANO TUNING	092301 SC092301	SC	8.18
200852	LINDEMANN PIANO TUNING	092601 01545210	PY	105.97
200852	LINDEMANN PIANO TUNING	102201 Stmt Bal	ST	474.38
200852	LINDEMANN PIANO TUNING	102201 SC102201	SC	6.89
200852	LINDEMANN PIANO TUNING	111601 01577154	CM	-13.73
200852	LINDEMANN PIANO TUNING	112601 Stmt Bal	ST	467.46
200852	LINDEMANN PIANO TUNING	112601 SC112601	SC	6.81
200852	LINDEMANN PIANO TUNING	122001 Stmt Bal	ST	474.37
200852	LINDEMANN PIANO TUNING	122001 SC122001	SC	6.91
200852	LINDEMANN PIANO TUNING	012202 Stmt Bal	ST	481.28
200852	LINDEMANN PIANO TUNING	012202 SC012202	SC	6.91
200852	LINDEMANN PIANO TUNING	022102 Stmt Bal	ST	488.19
200852	LINDEMANN PIANO TUNING	022102 SC022102	SC	6.91
200852	LINDEMANN PIANO TUNING	032102 Stmt Bal	ST	495.10
200852	LINDEMANN PIANO TUNING	032102 SC032102	SC	6.91
200852	LINDEMANN PIANO TUNING	042502 Stmt Bal	ST	495.10
200852	LINDEMANN PIANO TUNING	050202 SS42371	CM	-495.10
200852	LINDEMANN PIANO TUNING	052102 Stmt Bal	ST	

\* Applied to Past Due  
A/C + Invoices  
\* applied to Past Due A/C + Invoices  
\* applied to A/C + Invoices

Service chgs remaining in Bal Due  
of \$495.10

A - wrote off Bad debts

- 34.45  
460.65 Actual Balance of Goods Sold

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor CHAD H LINDEMANN SHEREE M LINDEMANN		Case Number 02-84440
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): KLTA Name and Address where notices should be sent:  KLTA PO BOX 9919 FARGO ND 58106-9919  Telephone Number: 701-234-4500		<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 <i>advertising</i> <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>2001</i>		<b>3. If court judgment, date obtained:</b> <i>7-4-24-19</i>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <i>7,424.19</i> 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 <u>at time case filed</u> 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	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>8/28/03 Sandy Anderson - Sandy Anderson - Business Manager</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. §§ 157 and 3571.		

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UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor CHAD H LINDEMANN SHEREE M LINDEMANN	Case Number 02-84440	
<p><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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): FOX KPFX Name and Address where notices should be sent:  FOX KPFX PO BOX 9919 FARGO ND 58106 9919	<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: <u>61-237-4500</u>	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 _____
1. <b>Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <u>advertising</u> <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> <u>2001</u>		3. <b>If court judgment, date obtained:</b> <u>1/24/20</u>
4. <b>Total Amount of Claim at Time Case Filed:</b> \$ <u>254.20</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.		
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 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	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>8/28/2003</u>	<u>Sandy Anderson - Sandy Anderson - Business Manager</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.		

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor CHAD H LINDEMANN SHEREE M LINDEMANN	Case Number 02-84440	
<p><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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): G&K SERVICES Name and Address where notices should be sent:  G&K SERVICES FARGO 1250 KUHN DR ST CLOUD MN 56301  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 checked="" 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 this claim 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> 05/09/01 through 10/03/01		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ 1,635.79 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)(____).  *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 08/28/03	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): Judie A. Bukovich Judie Bukovich / Credit Dept.	
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.		

ST. CLOUD  
AR03

DISPLAY

A/R CUSTOMER INVOICES

11/13/01 11:08:08

Bill To Number: 0043690

LINDEMANN PIANO INC

Phone ( 701 ) 237 - 4404

Contact.....: CHAD F7012379650 C7291881

Total Open Balance 1,635.73

===== AGING BALANCES =====

Current Period Under 30 Days Over 30 Days Over 60 Days Over 90 Days  
.00 803.01 .00 105.10 727.62

OPT	Invoice Number	Settlement Date	Original Invoice Amt.	Current Balance	Route
-	635629	10/10/01	.00	.00	80
-	630767	10/03/01	.00	.00	80
-	914129	10/03/01	803.01	803.01	80
-	625829	9/26/01	.00	.00	80
-	620950	9/19/01	.00	.00	80
-	616018	9/12/01	.00	.00	80
-	611161	9/05/01	.00	.00	80
-	606247	9/06/01	.00	.00	80
-	591551	8/08/01	52.55	52.55	80 +
-	586622	8/01/01	52.55	52.55	80
-	581725	7/25/01	95.86	95.86	80
-	576769	7/18/01	52.55	52.55	80
-	571879	7/11/01	52.55	52.55	80
-	566938	7/04/01	52.55	52.55	80
-	562034	6/27/01	92.67	92.67	80
-	557052	6/20/01	49.35	49.35	80
-	552166	6/13/01	49.35	49.35	80
-	547224	6/06/01	49.35	49.35	80 +
-	542341	5/30/01	92.67	92.67	80
-	537382	5/23/01	49.35	49.35	80
-	532505	5/16/01	49.35	49.35	80
-	527556	5/09/01	49.35	42.02	80
-	522674	5/02/01	92.67	.00	80

F3=Exit

5=Display Invoice Collection Trans

6=Display Invoice Sales Trans

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor CHAD H LINDEMANN SHEREE M LINDEMANN	Case Number 02-84440	
<p><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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): PAYROLL EXPRESS INC Name and Address where notices should be sent:  PAYROLL EXPRESS INC 948 HOMESTEAD CRT WEST FARGO ND 58078  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:	Check here if <input type="checkbox"/> replaces this claim <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> 7-10-01 thru 12-17-01		<b>3. If court judgment, date obtained:</b>
<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 checked="" 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.		\$ 32,498.11
<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 9-1-03	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): Dorey Pope-Fuchs, President	
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.		

# PAYROLL EXPRESS, INC.

## Unapplied Documents Report

August 18, 2003

<u>Customer Name</u>	<u>Date</u>	<u>Number</u>	<u>Type</u>	<u>Original Amount</u>	<u>Balance Remaining</u>
Lindemann Piano, Inc.	7/10/2001	IVC1625	Sales / Invoices	\$9,806.10	\$6,624.42
Lindemann Piano, Inc.	7/10/2001	IVC1626	Sales / Invoices	\$837.87	\$837.87
Lindemann Piano, Inc.	7/11/2001	IVC1645	Sales / Invoices	\$2,413.96	\$2,413.96
Lindemann Piano, Inc.	7/26/2001	IVC1678	Sales / Invoices	\$8,271.04	\$8,271.04
Lindemann Piano, Inc.	12/14/2001	IVC1975	Sales / Invoices	\$5,974.24	\$5,974.24
Lindemann Piano, Inc.	12/17/2001	IVC1978	Sales / Invoices	\$250.00	\$250.00
Lindemann Piano, Inc.	1/28/2002	FC00029	Finance Charges	\$452.33	\$360.75
Lindemann Piano, Inc.	2/28/2002	FC00032	Finance Charges	\$409.51	\$409.51
Lindemann Piano, Inc.	3/26/2002	FC00036	Finance Charges	\$415.65	\$415.65
Lindemann Piano, Inc.	4/29/2002	FC00042	Finance Charges	\$421.89	\$421.89
Lindemann Piano, Inc.	5/31/2002	FC00049	Finance Charges	\$428.22	\$428.22
Lindemann Piano, Inc.	6/30/2002	FC00054	Finance Charges	\$434.64	\$434.64
Lindemann Piano, Inc.	7/30/2002	FC00059	Finance Charges	\$441.16	\$441.16
Lindemann Piano, Inc.	8/30/2002	FC00063	Finance Charges	\$447.78	\$447.78
Lindemann Piano, Inc.	9/27/2002	FC00065	Finance Charges	\$454.49	\$454.49
Lindemann Piano, Inc.	10/25/2002	FC00068	Finance Charges	\$461.31	\$461.31
Lindemann Piano, Inc.	11/29/2002	FC00070	Finance Charges	\$468.23	\$468.23
Lindemann Piano, Inc.	12/30/2002	FC00073	Finance Charges	\$475.25	\$475.25
Lindemann Piano, Inc.	2/26/2003	FC00078	Finance Charges	\$482.38	\$482.38
Lindemann Piano, Inc.	3/31/2003	FC00086	Finance Charges	\$489.62	\$489.62
Lindemann Piano, Inc.	4/30/2003	FC00087	Finance Charges	\$496.96	\$496.96
Lindemann Piano, Inc.	5/31/2003	FC00090	Finance Charges	\$465.89	\$465.89
Lindemann Piano, Inc.	6/30/2003	FC00093	Finance Charges	\$472.88	\$472.88
Lindemann Piano, Inc.	7/31/2003	FC00097	Finance Charges	\$479.97	\$479.97
				<u>\$35,751.37</u>	<u>\$32,478.11</u>

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor CHAD H LINDEMANN SHEREE M LINDEMANN		Case Number 02-84440
<p><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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): MONTGOMERY GOFF & BULLIS PC Name and Address where notices should be sent:  MONTGOMERY GOFF & BULLIS PC PO BOX 9199 FARGO ND 58106-9199		<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: 701-281-8001		
Account or other number by which creditor identifies debtor: JRB-321		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed (Legal) <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> 2-8-02 to 8-28-02		<b>3. If court judgment, date obtained:</b>
<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.		\$ <del>346.00</del> 346.00
<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. <i>Bottom section of this file has been destroyed &amp; cannot be re-created from our filing program.</i> <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 9/3/03	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):  <i>[Signature]</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.		

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (MINNEAPOLIS)		PROOF OF CLAIM
Name of Debtor CHAD H LINDEMANN SHEREE M LINDEMANN	Case Number 02-84440	
<p><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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): TRUCK LICENSING & SERVICES Name and Address where notices should be sent:  TRUCK LICENSING & SERVICES 3739 38TH ST SW FARGO ND 58104  Telephone Number: 701-282-5014	<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: Acct # 1420 & # 12810	Check here if <input type="checkbox"/> replaces this claim <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> 1/15/02 + 1/25/02 + 4/23/02	<b>3. If court judgment, date obtained:</b>	
<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 checked="" 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>Late Charges \$2.91</i>	\$ 196.81	
<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 \$ _____ 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.	<b>SEND CLAIM TO:</b>  U.S. BANKRUPTCY COURT 301 U.S. COURTHOUSE 300 SOUTH FOURTH STREET MINNEAPOLIS, MN 55415	
Date 9/3/03	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): <i>Betty Nygaard Owner</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.		

TRUCK TERMINAL & SERVICE  
3739 54TH ST NW  
FARGO ND 58103

PLEASE RETURN TO THE FOLLOWING  
BILLING WILL NOT BE SCHEDULED UNLESS  
BAL DUE IS PAID IMMEDIATELY

PLEASE PAY FROM THIS INVOICE FOR PERIOD ENDED 04/02/02

LINEMANN RENT, INC.  
2731 LEAHY AVENUE  
FARGO ND 58103

NO 12310

Page 1

IF THERE ISN'T A STATE ABBREVIATION LISTED ON THE FOLLOWING,  
THE CHARGE IS FOR OUR SERVICE OR MISC. FEE/CHG

BILLING DATE	STATE	FOR	AMOUNT
04/01/02		LATE CHARGES	1.03

CHARGES	PREV. BAL	BILLING	PAYMENTS	BAL. DUE
	67.90	1.03	0.00	67.93

TERMS 10 DAYS 1.5% / MONTH ON BALANCES PAST THIRTY DAYS.



TRUCK LICENSING & SERVICES  
3709 3RD ST. SW  
PARRO. NO. 58104

FORMS RELEVANT TO THE FOLLOWING  
BILLING WILL NOT BE MAILED UNLESS  
BILL DUE IS PAID IN FULL.

PLEASE PAY FROM THIS INVOICE FOR PERIOD ENDED 04/02/02

ADVANCED MOVING & EQUIP. NO. 1420  
2401 LEAHY AVE. S. ALA.  
PARRO. NO. 58103 PAGE 1

IF THERE ISN'T A STATE ABBREVIATION LISTED ON THE FOLLOWING,  
THE CHARGE IS FOR OUR SERVICE OR MISC. EXPENSE.

BILLING DATE	STATE	FOR	AMOUNT
04/01/02		LATE CHARGES	1.88

TOTALS	PREV. BAL.	BILLINGS	PAYMENTS	BAL. DUE
	125.00	1.88	0.00	126.88

TERMS 10 DAYS. 1.5% / MONTH ON BALANCES PAST THIRTY DAYS.

TRUCK LICENSING & SERVICES  
3739 38th ST. SW.  
FARGO, ND. 58104  
PHONE (701) 282-5014

FORMS RELEVANT TO THE FOLLOWING  
BILLING WILL NOT BE MAILED UNTIL  
BAL. DUE IS PAID IN FULL.

PLEASE PAY FROM THIS INVOICE FOR PERIOD ENDED 01/30/02

ADVANCED MOVING & EQUIP.  
2731 LEAHY AVE. S.  
FARGO ND 58103

NO 1420

PAGE 1

IF THERE ISN'T A STATE ABBREVIATION LISTED ON THE FOLLOWING,  
THE CHARGE IS FOR OUR SERVICE OR MISC. EXPENSE.

BILLING DATE	STATE	FOR	AMOUNT
01/30/02		PAYMENT	92.00-

TOTALS	PREV. BAL.	BILLINGS	PAYMENTS	BAL. DUE
	217.00	0.00	92.00-	125.00

TERMS 10 DAYS. 1.5% / MONTH ON BALANCES PAST THIRTY DAYS.  
RETURNED CHECKS WILL BE CHARGED A NSF CHARGE.

TRUCK LICENSING & SERVICES  
3739 38th ST. SW.  
FARGO, ND. 58104  
PHONE (701) 282-5014

FORMS RELEVANT TO THE FOLLOWING  
BILLING WILL NOT BE MAILED UNTIL  
BAL. DUE IS PAID IN FULL.

PLEASE PAY FROM THIS INVOICE FOR PERIOD ENDED 01/25/02

ADVANCED MOVING & EQUIP.  
2731 LEAHY AVE. S.  
FARGO ND 58103

NO 1420

PAGE 1

IF THERE ISN'T A STATE ABBREVIATION LISTED ON THE FOLLOWING,  
THE CHARGE IS FOR OUR SERVICE OR MISC. EXPENSE.

BILLING DATE	STATE	FOR	AMOUNT
01/25/02	ND	INTRESTATE	100.00
01/25/02		1 AUTH. AP. NEW	25.00

TOTALS	PREV. BAL.	BILLINGS	PAYMENTS	BAL. DUE
	92.00	125.00	0.00	217.00

TERMS 10 DAYS. 1.5% / MONTH ON BALANCES PAST THIRTY DAYS.  
RETURNED CHECKS WILL BE CHARGED A NSF CHARGE.

TRUCK LICENSING & SERVICES  
3739 38th ST. SW.  
FARGO, ND. 58104  
PHONE (701) 282-5014

FORMS RELEVANT TO THE FOLLOWING  
BILLING WILL NOT BE MAILED UNTIL  
BAL. DUE IS PAID IN FULL.

PLEASE PAY FROM THIS INVOICE FOR PERIOD ENDED 01/11/02

ADVANCED MOVING & EQUIP.  
2731 LEAHY AVE. S.  
FARGO ND 58103

NO 1420

PAGE 1

IF THERE ISN'T A STATE ABBREVIATION LISTED ON THE FOLLOWING,  
THE CHARGE IS FOR OUR SERVICE OR MISC. EXPENSE.

BILLING DATE	STATE	FOR	AMOUNT
01/11/02	ND	FUEL PERMIT	25.00
01/11/02		1 PRORATE APP.	50.00
01/11/02		1 FUEL AP. NEW	15.00
01/11/02	ND	FUEL DECAL	2.00

TOTALS	PREV. BAL.	BILLINGS	PAYMENTS	BAL. DUE
	0.00	92.00	0.00	92.00

TERMS 10 DAYS. 1.5% / MONTH ON BALANCES PAST THIRTY DAYS.  
RETURNED CHECKS WILL BE CHARGED A NSF CHARGE.

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re:

Chapter 7

**Chad H. and Sheree M. Lindemann,**

**Bankr. No. 02-84440-NCD**

Debtor(s)

**UNSWORN CERTIFICATE OF SERVICE**

I, Sarah L. Fortin, declare under penalty of perjury that on January 12, 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:

Chad H. and Sheree M. Lindemann 12210 Grouse Street NW Coon Rapids, MN 55448	John H. Hedback, Esq. Foster Hedback et al. 2855 Anthony Lane South, Suite 201 St. Anthony, MN 55418
U.S. Trustee 1015 U.S. Courthouse 300 South Fourth Street Minneapolis, MN 55415	Ace Hardware Attn: Mark Hulbert, Vice President 1417 South University Drive Fargo, ND 58103
KLTA Attn: Sandy Anderson, Business Manager PO Box 9919 Fargo, ND 58106-9919	FOX KPFX Attn: Sandy Anderson, Business Manager PO Box 9919 Fargo, ND 58106-9919
G&K Services Fargo Attn: Judie Bukovich, Credit Department 1250 Kuhn Drive St. Cloud, MN 56301	Payroll Express, Inc. Attn: Darcy Pope-Fuchs, President 948 Homestead Court West Fargo, ND 58078
Montgomery Goff & Bullis PC Attn: Officer or Managing Agent PO Box 9199 Fargo, ND 58106-9199	Truck Licensing & Services Attn: Betty L. Nygaard, Owner 3739 – 38 <sup>th</sup> Street SW Fargo, ND 58104

Executed on: January 12, 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

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re: Case No. BKY 02-84440-NCD  
Chapter 7 Case  
Chad H. and Sheree M. Lindemann,

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. 4, 5, 6, 8, 11, 12, and 13 are disallowed.

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

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