

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In Re: DWYER, THOMAS ALAN

Chapter 7
Bky. Case No. 02-32917

Debtor

NOTICE OF HEARING AND OBJECTION
TO PROOF OF CLAIMS NUMBERED
1, 2, 3, 5, 6, 7, 9, 10, 13, 14, and 20

TO: Debtor, Debtor's Attorney, Thomas H. Olive, U.S. Trustee, Claimants, Adventure 16, Fletcher Ltd., Icelandic Design, Wolky, Asolo USA, Reef Sandals, Kavu Inc., Fox River Mills Inc., St. Moritz Watch Corp., Cloudveil Mountainworks, and Gates Mills Inc., as set forth on the attached service list and interested parties:

I.

Patti J. Sullivan, the duly appointed and qualified Trustee of the captioned bankruptcy estate, objects to the above proof of claims and gives notice of hearing herewith.

II.

The Court will hold a hearing on this objection on September 22, 2004, at 1:30 P.M., or as soon thereafter as counsel may be heard, in Courtroom No. 228A, at the United States Court House, 316 N Robert St., St. Paul, Minnesota 55101.

III.

Any response to this motion must be filed and delivered not later than September 15, 2004, which is seven days before the time set for the hearing, or filed and served by mail not later than September 13, 2004, which is ten days before the time set for the hearing. **UNLESS A RESPONSE OPPOSING THE MOTION IS TIMELY FILED, THE COURT MAY GRANT THE MOTION WITHOUT A HEARING.**

IV.

This Court has jurisdiction in this matter pursuant to 28 U.S.C. Section 157 and 1334 and amendments thereto. This objection arises under 11 U.S.C. Section 502. Local Rule 3007-1 is applicable. This is a core proceeding under 28 U.S.C. §157(b)(2)(B).

V.

Trustee objects to the claims of: Adventure 16 in the amount of \$500.00; Fletcher Ltd. in the amount of \$1,310.92; Icelandic Design in the amount of \$2,715.77; Wolky in the amount of \$1,513.26; Asolo USA in the amount of \$2,022.25; Reef Sandals in the amount of \$71.48; Kavu Inc. in the amount of \$3,405.06; Fox River Mills, Inc. in the amount of \$1,000.00; St. Moritz Watch Corp. in the amount of \$480.50; Cloudveil Mountainworks in the amount of \$723.00; and Gates Mills, Inc. in the amount of \$846.59. Copies of the claims are attached hereto and incorporated by reference herein.

VI.

Trustee objects to the claims on the basis that the claims appear to be an attempt to collect on a debt owed by Summit Retail Management, Inc. DBA The Summit on Grand. Despite the Trustee's request, the creditors have not provided any documentation to establish the debt as a personal liability of the debtor. There is no indication that the debtor is in any way legally liable for the amounts that are listed on the proof of claims filed with the court. That Debtor is not indebted to said claimants for said sums or any other amount as claimants' claims are for debts owed by Summit Retail Management, Inc. DBA The Summit on Grand, and not said debtor.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)

PROOF OF CLAIM

Name of Debtor
THOMAS ALAN DWYER

Case Number
02-32917

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. §583.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
ADVENTURE 16

Name and Address where notices should be sent:

ADVENTURE 16
4620 ALVARADO CANYON RD.
SAN DIEGO CA 92120-4306

- 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
 02 OCT -4 AM 9:32
 U.S. BANKRUPTCY COURT
 ST. PAUL, MN

Telephone Number:

Account or other number by which creditor identifies debtor:

Sum00016

Check here if replaces amends a previously filed claim, dated _____

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: 12/10/2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 500.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate Motor Vehicle
- Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
- Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:

U.S. BANKRUPTCY COURT
200 U.S. COURTHOUSE
316 NORTH ROBERT STREET
ST. PAUL, MN 55101

Date

10/1/02

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):

RUSTIN HOLEC RUSTIN HOLEC CREDIT 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.

**UNITED STATES BANKRUPTCY COURT
District of Minnesota**

In re:

THOMAS ALAN DWYER

Bky Case No. 02 - 32917

Chapter 7 Case

SSN/FTN/STN: 476-54-3227

Debtor(s)

NOTICE TO FILE CLAIMS

The trustee has notified the court that payment of a dividend appears possible in this case. The previous notice stated that no claims may be filed. Accordingly, pursuant to Bankruptcy Rule 3002(c)(5), creditors are hereby notified that proofs of claim must be filed within 90 days after the date stated below as the date of mailing of this notice, or, for governmental units, within 180 days from the date of the Order for Relief. A proof of claim form is provided on the reverse side of this notice. Claims must be filed with the clerk of bankruptcy court at the address stated below.

Dated: 09/25/02

Patrick G. De Wane
Clerk of the Bankruptcy Court
200 U.S. Courthouse
316 North Robert Street
St. Paul, MN 55101

Filed and docket entry made on 09/25/02

Patrick G. De Wane, Clerk, by lmb

PROOF OF CLAIM FORM ON REVERSE SIDE OF THIS NOTICE

Adventure 16, Inc.
 4620 Alvarado Canyon Rd.
 San Diego, CA 92120

12.06.01

I-N-V-O-I-C-E
 051390 [BILL]
 DATE :DEC 10 2001
 ORDER# :A050767
 PAGE NO: 1 [MAIN]
 SLSM NO: BILL
 ROUTE# :MN

[651]665-9972 [FAX#]: [651]665-9743]

SOLD TO: SUMMIT ON GRAND, THE
 867 GRAND AVENUE
 SAINT PAUL MN 55105

SHIP TO: SAME

[Acct#:SUM00016]

ACCOUNT#	LOCATION	DEPARTMENT	CUSTOMER PO NO.	RELEASE#	BUYER	TERMS	DUE BY	SHIPPED	VIA
SUM00016			12.06.01		Kevin	NET 30	01/09/02	12/10/01	UPS
4	4	EA 703043		NALGE W/M LEXAN 32 OZ RED W/RED CAP			4.81 EA		19.24
2	2	EA 742799		LEATHERMAN MICRA TOOL			14.52 EA		29.04
2	2	EA 742810		LEATHERMAN MICRA (RED)			15.52 EA		31.04
2	2	EA 742811		LEATHERMAN MICRA (BLUE)			15.52 EA		31.04
2	2	EA 742812		LEATHERMAN MICRA (GREEN)			15.52 EA		31.04
6		6 EA 703377		NALGE W/M RND LOOP LEXN 16 OZ			3.63 EA		
6		6 EA 703165		NALGE N/M RND LOOP LEXN 32 OZ			3.78 EA		
2	2	EA 703357		NALGE RND FUEL BOTTLE 32 OZ			5.65 EA		11.30
1	1	EA 805455		PRINCETON MATRIX LED HEADLAMP 2AA			30.40 EA		30.40
2	2	EA 805404		PRINCETON QUEST HEADLAMP BLACK 2AA			14.08 EA		28.16
4	4	EA 703040		NALGE W/M LEXAN 32 OZ HONEY W/YELLOW CAP			4.81 EA		19.24
4	4	EA 703041		NALGE W/M LEXAN 32 OZ BLUE W/BLUE CAP			4.81 EA		19.24
4	4	EA 703042		NALGE W/M LEXAN 32 OZ GREEN W/WHITE CAP			4.81 EA		19.24
6	6	EA 724370		TERRAPIN LIP BALM SPF 15 GLACIER MINT			1.50 EA		9.00
6	6	EA 724371		TERRAPIN LIP BALM SPF 15 MAUI WAUI			1.50 EA		9.00
6	6	EA 724372		TERRAPIN LIP BALM SPF 15 KEY LIME			1.50 EA		9.00
3	3	EA 724338		DERMATONE LIP & FACE STICK SPF23 .75 OZ			2.90 EA		8.70
6	6	EA 724340		DERMATONE LIP STICK SPF23 .15 OZ			1.05 EA		6.30
6	6	EA 724342		DERMATONE LIP STICK SPF23 .3 OZ			1.25 EA		7.50
3	3	EA 724330		DERMATONE SPF15 MINI-TIN .5 OZ			2.25 EA		6.75
3	3	EA 724332		DERMATONE SPF23 MINI-TIN .5 OZ			2.25 EA		6.75
2	2	EA 805768		SPORTMAN HEADLAMP 2AA			8.40 EA		16.80
1	1	EA 805562		FLASHLIGHT BULB PR-4 PKG 2			1.00 EA		1.00
1	1	EA 805640		BISON LED MICROLIGHT PURPLE			7.00 EA		7.00
1	1	EA 805642		BISON LED MICROLIGHT YELLOW			7.00 EA		7.00
1	1	EA 805643		BISON LED MICROLIGHT BLACK			7.00 EA		7.00
1	1	EA 805623		BISON HEADLAMP 2AA BLACK			11.70 EA		11.70

[Tracking#:129378430311376993]

* CONTINUED *

Adventure 16, Inc.
4620 Alvarado Canyon Rd.
San Diego, CA 92120

12.06.01

I-N-V-O-I-C-E
051390 [BILL]
DATE :DEC 10 2001
ORDER# :A050767
PAGE NO: 2 (MAIN)
SLSM NO: BILL
ROUTE# :MN

(651)665-9972 (FAX#): (651)665-9743

SOLD TO: SUMMIT ON GRAND, THE
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP TO: SAME

(Acct#:SUM00016)

ACCOUNT#	LOCATION	DEPARTMENT	CUSTOMER PO NO.	RELEASE#	BUYER	TERMS	DUE BY	SHIPPED	VIA
SUM00016			12.06.01		Kevin	NET 30	01/09/02	12/10/01	UPS
1	1	EA 805624			BISON HEADLAMP 2AA YELLOW		11.70	EA	11.70
1	1	EA 805626			BISON SPORTSLIGHT 2AA PURPLE		8.75	EA	8.75
1	1	EA 805632			BISON SPORTSLIGHT 2C BLUE		11.70	EA	11.70
1	1	EA 805634			BISON SPORTSLIGHT 2C DARK GREY		11.70	EA	11.70
1	1	EA 739047			WINDMILL LIGHTER CLEAR BLUE		26.00	EA	26.00
1	1	EA 739052			WINDMILL LIGHTER GLOW-IN-THE DARK		26.00	EA	26.00
2	2	EA 201955			MINI TRAVEL UMBRELLA		7.50	EA	15.00
2	2	EA 907011			A16 SEE-THRU DITTY ROYAL MD (7X11)		3.80	EA	7.60
2	2	EA 907012			A16 SEE-THRU DITTY ROYAL LG (8X12)		4.05	EA	8.10
2	2	EA 907013			A16 SEE-THRU DITTY ROYAL XL (9X15)		4.20	EA	8.40
1	1	EA 326345			A16 TRI-ZIP POUCH RED SM (6X7)		6.35	EA	6.35
1	1	EA 326346			A16 TRI-ZIP POUCH ROYAL SM (6X7)		6.35	EA	6.35
1	1	EA 326347			A16 TRI-ZIP POUCH BLACK SM (6X7)		6.35	EA	6.35
1	1	EA 326348			A16 TRI-ZIP POUCH FOREST SM (6X7)		6.35	EA	6.35
1	1	EA 326349			A16 TRI-ZIP POUCH RED LG (11X14)		8.21	EA	8.21
1	1	EA 326350			A16 TRI-ZIP POUCH ROYAL LG (11X14)		8.21	EA	8.21
1	1	EA 326351			A16 TRI-ZIP POUCH BLACK LG (11X14)		8.21	EA	8.21
1	1	EA 326352			A16 TRI-ZIP POUCH FOREST LG (11X14)		8.21	EA	8.21
1	1	EA 326357			A16 ZIP POUCH RED SM (6X7)		2.71	EA	2.71
1	1	EA 326358			A16 ZIP POUCH ROYAL SM (6X7)		2.71	EA	2.71
1	1	EA 326359			A16 ZIP POUCH BLACK SM (6X7)		2.71	EA	2.71
1	1	EA 326360			A16 ZIP POUCH FOREST SM (6X7)		2.71	EA	2.71
1	1	EA 326361			A16 ZIP POUCH RED MD (8X9)		3.00	EA	3.00
1	1	EA 326362			A16 ZIP POUCH ROYAL MD (8X9)		3.00	EA	3.00
1	1	EA 326363			A16 ZIP POUCH BLACK MD (8X9)		3.00	EA	3.00
1	1	EA 326364			A16 ZIP POUCH FOREST MD (8X9)		3.00	EA	3.00
1	1	EA 326365			A16 ZIP POUCH RED LG (11X14)		3.65	EA	3.65
1	1	EA 326366			A16 ZIP POUCH ROYAL LG (11X14)		3.65	EA	3.65
1	1	EA 326367			A16 ZIP POUCH BLACK LG (11X14)		3.65	EA	3.65
1	1	EA 326368			A16 ZIP POUCH FOREST LG (11X14)		3.65	EA	3.65
1	1	EA 326369			A16 MESH ZIP POUCH RED SM (5X5)		2.64	EA	2.64
1	1	EA 326370			A16 MESH ZIP POUCH ROYAL SM (5X5)		2.64	EA	2.64

(Tracking#:129378430311376993)

* CONTINUED *

Adventure 16, Inc.
4620 Alvarado Canyon Rd.
San Diego, CA 92120

I-N-V-O-I-C-E
051390 [BILL]
DATE : DEC 10 2001
ORDER# : A050761
PAGE NO: 3 [MAIN]
SLSM NO: BILL
ROUTE# : MN

12.06.01

(651)665-9972 [FAX# : (651)665-9743]
SOLD TO: SUMMIT ON GRAND, THE
867 GRAND AVENUE
SAINT PAUL MN 55105

SHIP TO: SAME

[Acct#:SUM00016]

ACCOUNT#	LOCATION	DEPARTMENT	CUSTOMER PO NO.	RELEASE#	BUYER	TERMS	DUE BY	SHIPPED	VIA
SUM00016			12.06.01		Kevin	NET 30	01/09/02	12/10/01	UPS

1	1	EA 326371	A16 MESH ZIP POUCH BLACK SM (5X5)				2.64	EA	2.64
1	1	EA 326372	A16 MESH ZIP POUCH FOREST SM (5X5)				2.64	EA	2.64
1	1	EA 326373	A16 MESH ZIP POUCH RED MD (6X7)				2.79	EA	2.79
1	1	EA 326374	A16 MESH ZIP POUCH ROYAL MD (6X7)				2.79	EA	2.79
1	1	EA 326375	A16 MESH ZIP POUCH BLACK MD (6X7)				2.79	EA	2.79
1	1	EA 326376	A16 MESH ZIP POUCH FOREST MD (6X7)				2.79	EA	2.79
1	1	EA 326377	A16 MESH ZIP POUCH RED LG (8X9)				3.07	EA	3.07
1	1	EA 326378	A16 MESH ZIP POUCH ROYAL LG (8X9)				3.07	EA	3.07
1	1	EA 326379	A16 MESH ZIP POUCH BLACK LG (8X9)				3.07	EA	3.07
1	1	EA 326380	A16 MESH ZIP POUCH FOREST LG (8X9)				3.07	EA	3.07
1	1	EA 326404	A16 STUFF BAG FOREST XS (7X17)				7.78	EA	7.78
1	1	EA 326408	A16 STUFF BAG FOREST SM (8X18)				8.14	EA	8.14
1	1	EA 326412	A16 STUFF BAG FOREST MD (9X19)				9.29	EA	9.29
1	1	EA 326416	A16 STUFF BAG FOREST LG (10X20)				9.43	EA	9.43
1	1	EA 326420	A16 STUFF BAG FOREST XL (11X22)				9.71	EA	9.71
1	1	EA 326396	A16 STASH BAG ROYAL SM (3X8)				3.36	EA	3.36
1	1	EA 326390	A16 STASH BAG ROYAL MD (4X9)				3.50	EA	3.50
1	1	EA 326394	A16 STASH BAG ROYAL LG (5X11)				3.79	EA	3.79
1	1	EA 326398	A16 STASH BAG ROYAL XL (6X15)				4.21	EA	4.21
1	1	EA 810754	CELESTRON MONOCULAR 8X25				35.60	EA	35.60
1	1	EA 811485	BRUNION ULTRA LITE-TECH BINO 8 X 22				36.00	EA	36.00
1	1	EA 742820	LEATHERMAN JUICE C2 RED				37.50	EA	37.50
1	1	EA 742822	LEATHERMAN JUICE S2 ORANGE				37.50	EA	37.50
1	1	EA 742824	LEATHERMAN JUICE KP4 YELLOW				47.50	EA	47.50
1	1	EA 742826	LEATHERMAN JUICE CS4 BLUE				47.50	EA	47.50
1	1	EA 742828	LEATHERMAN JUICE XE6 PURPLE				58.75	EA	58.75

ITEM COUNT = 83
SKU COUNT = 137

[Tracking#:129378430311376993]

Subtotal	1006.67
Freight	17.69
Prt Allow	-17.69
** TOTAL	1006.67

** ONE THOUSAND SIX & 67/100 DOLLARS **

Printed:10-01-02 14:18

Partial Payment (506.67)
from check #5748
on 2/11/02.

BALANCE REMAINING: 500.00

P.O. Box 600690
San Diego, CA 92160

.....

Adventure 16, Inc.

October 1, 2002

U.S. Bankruptcy Court
200 U.S. Courthouse
316 North Robert Street
St. Paul, MN 55101

Attention: U.S. Bankruptcy Claim Filing Clerk:

Dear Sir or Madam:

As per your notification, I am submitting a claim against the Debtor, Thomas Alan Dwyer, doing business as Summit On The Grand, in the amount of \$500.00. I have included a copy of the invoice charged to him for resalable goods that he had purchased from us back on December 10, 2001.

In February of 2002, we received a partial payment toward Mr. Dwyer's debt in the amount of \$506.67, leaving a remaining balance due of \$500.00 against the original \$1,006.67 amount against Invoice 051390 (copy attached).

If you have any questions or if I have completed the claim incorrectly or incompletely, please contact me at (619) 283-2362, extension 157. Thank you very much for your help in the continued effort of collecting monies owed to us by Thomas Alan Dwyer, AKA Summit On The Grand.

Sincerely,
Rustin Holec
Credit Manager
Adventure 16, Inc.
(619) 283-2362, extension 157

.....

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)

PROOF OF CLAIM

Name of Debtor
THOMAS ALAN DWYER
Summit on the Islands #283

Case Number
02-32917

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):
FLETCHER LTD
Name and Address where notices should be sent:
FLETCHER LTD
PO BOX 88
GEORGES MILLS NH 03751

- 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
02 OCT -4 AM 9:32
U.S. BANKRUPTCY COURT
ST. PAUL, MN

Telephone Number:

Account or other number by which creditor identifies debtor:

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

2. Date debt was incurred: *11/31/01*

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 1310.92

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate Motor Vehicle
- Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:

U.S. BANKRUPTCY COURT
200 U.S. COURTHOUSE
316 NORTH ROBERT STREET
ST. PAUL, MN 55101

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)

9/3/02 *Terry Fletcher 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.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)

PROOF OF CLAIM

Name of Debtor
THOMAS ALAN DWYER
Summit Ch Grand

Case Number
02-32917

RECEIVED
02 OCT -4 AM 9:31
U.S. BANKRUPTCY COURT
ST. PAUL, MN

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):
ICELANDIC DESIGN
Name and Address where notices should be sent:
ICELANDIC DESIGN
473 MAIN STREET 100
LONGMONT CO 80501

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: *303-651-3334*

Account or other number by which creditor identifies debtor:

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

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 2715.77

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate Motor Vehicle
- Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:

U.S. BANKRUPTCY COURT
200 U.S. COURTHOUSE
316 NORTH ROBERT STREET
ST. PAUL, MN 55101

Date

10/1/02

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):

Melanie Spangler

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.



A Division of Atlandia Inc.

473 Main Street
Suite 100
Longmont, CO 80501
(303) 651-3334
(303) 651-6611 Fax

Customer Number:

SUMMIMN

Invoice

58816

PO Number:

ELLEN SO

Invoice Date:

01/15/02

Bill To:

Summit On Grand
867 Grand Avenue
St. Paul, MN 55105

Ship To:

Summit On Grand
867 Grand Avenue
St. Paul, MN 55105

Ship Via:

UPS

Terms:

NET 30

OrderNumber:

30307

Salesperson:

TRU

Qty Shipped	Product #	Description	Discount	Sales Price	Extension
1	1	F93BL Highlands Cardigan 0-S 1-M 0-L 0-XL		\$82.75	\$82.75

Quantity Shipped: 1

Reorders are welcome at Net 30 Terms.
Please call for availability.

Thank You

Subtotal:	\$82.75
Other Charges/Discounts:	\$0.00
Sales Tax:	\$0.00
Freight:	\$5.48
Order Total:	\$88.23
Miscellaneous:	\$0.00
Total Invoice:	\$88.23



A Division of Atlandia Inc.

473 Main Street
 Suite 100
 Longmont, CO 80501
 (303) 651-3334
 (303) 651-6611 Fax

Customer Number:

SUMMIMN

Invoice

58068

PO Number:

REORDER-ELLEN

Invoice Date:

12/05/01

Bill To:

Summit On Grand
 867 Grand Avenue
 St. Paul, MN 55105

Ship To:

Summit On Grand
 867 Grand Avenue
 St. Paul, MN 55105

Ship Via:

UPS

Terms:

NET 30

OrderNumber:

29323

Salesperson:

TRU

Qty Shipped	Product #	Description	Discount	Sales Price	Extension
5	5	N36AS Tassel Mitten		\$8.50	\$42.50
10	10	N23AS Glove		\$7.00	\$70.00
10	10	N20AS Earflap Hat		\$9.50	\$95.00
2	2	NS8BL Stripe Cone Hat		\$9.50	\$19.00
2	2	N58RD Stripe Cone Hat		\$9.50	\$19.00
4	4	N57RD Stripe Purse		\$11.50	\$46.00
2	2	WH70NT Alpine Hat		\$17.75	\$35.50
2	2	WG70NT Alpine Glove		\$14.75	\$29.50
1	1	VH38BL Snow Moose Hat		\$20.75	\$20.75
1	1	VH38GY Snow Moose Hat		\$20.75	\$20.75
2	2	TP39BK Kashmir Purse		\$19.75	\$39.50
2	2	TP34RD Taj Mahal Purse		\$19.75	\$39.50
3	3	F93BL Highlands Cardigan		\$82.75	\$248.25
		0 - S 1 - M 1 - L 1 - XL			
3	3	R30PR Limerick Pullover		\$59.75	\$179.25
		1 - S 1 - M 1 - L 0 - XL			
3	3	W58RD Scandinavian cardigan		\$99.75	\$299.25
		1 - S 1 - M 1 - L 0 - XL			
2	2	W73BL Scandinavian Vest		\$67.75	\$135.50
		1 - S 1 - M 0 - L 0 - XL			
3	3	J12RD Norway Jacket		\$97.75	\$293.25
		1 - S 1 - M 1 - L 0 - XL			

Reorders are welcome at Net 30 Terms.
 Please call for availability.

Thank You



A Division of Atlandia Inc.

473 Main Street
 Suite 100
 Longmont, CO 80501
 (303) 651-3334
 (303) 651-6611 Fax

Customer Number:

SUMMIMN

Invoice

58068

PO Number:

REORDER-ELLEN

Invoice Date:

12/05/01

Bill To:

Summit On Grand
 867 Grand Avenue
 St. Paul, MN 55105

Ship To:

Summit On Grand
 867 Grand Avenue
 St. Paul, MN 55105

Ship Via:

UPS

Terms:

NET 30

OrderNumber:

29323

Salesperson:

TRU

Qty Shipped	Product #	Description	Discount	Sales Price	Extension
2	2 V39CH	Snow Moose Pullover 0-S 1-M 1-L 0-XL		\$87.75	\$175.50

Quantity Shipped: 59

Reorders are welcome at Net 30 Terms.
 Please call for availability.

Thank You

Subtotal:	\$1,808.00
Other Charges/Discounts:	\$0.00
Sales Tax:	\$0.00
Freight:	\$21.09
Order Total:	\$1,829.09
Miscellaneous:	\$0.00
Total Invoice:	\$1,829.09



A Division of Atlandia Inc.

473 Main Street
 Suite 100
 Longmont, CO 80501
 (303) 651-3334
 (303) 651-6611 Fax

Customer Number:

SUMMIMN

Invoice

56947

PO Number:

REORDER-ELLEN

Invoice Date:

11/07/01

Bill To:

Summit On Grand
 867 Grand Avenue
 St. Paul, MN 55105

Ship To:

Summit On Grand
 867 Grand Avenue
 St. Paul, MN 55105

Ship Via:

UPS

Terms:

NET 30

OrderNumber:

28133

Salesperson:

TRU

Qty Shipped	Product #	Description	Discount	Sales Price	Extension
3	3	WH70NT Alpine Hat		\$17.75	\$53.25
2	2	WG70NT Alpine Glove		\$14.75	\$29.50
2	2	WH58BL Scandinavian Hat		\$19.75	\$39.50
2	2	WG58BL Scandinavian Glove		\$14.75	\$29.50
2	2	F93GR Highland Cardigan		\$82.75	\$165.50
		0-S 1-M 1-L 0-XL			
2	2	R28GR Findhorn Cardigan		\$59.75	\$119.50
		1-S 1-M 0-L 0-XL			
2	2	R28CR Findhorn Cardigan		\$59.75	\$119.50
		0-S 1-M 1-L 0-XL			
2	2	R28BL Findhorn Cardigan		\$59.75	\$119.50
		1-S 1-M 0-L 0-XL			
3	3	W58BL Scandinavian cardigan		\$99.75	\$299.25
		1-S 1-M 1-L 0-XL			
5	5	N25AS Long Fitted Mitten		\$8.00	\$40.00
2	2	N33BK Rhythm Hat		\$9.50	\$19.00
2	2	N33RD Rhythm Hat		\$9.50	\$19.00
2	2	N57BL Stripe Purse		\$11.50	\$23.00
2	2	N57RD Stripe Purse		\$11.50	\$23.00
5	5	N20AS Earflap Hat		\$9.50	\$47.50
5	5	N23AS Glove		\$7.00	\$35.00

Quantity Shipped: 43

3/5/02

Pd \$400.00

Reorders are welcome at Net 30 Terms.
 Please call for availability.

Thank You

Subtotal:	\$1,181.50
Other Charges/Discounts:	\$0.00
Sales Tax:	\$0.00
Freight:	\$16.95
Order Total:	\$1,198.45
Miscellaneous:	\$0.00
Total Invoice:	\$1,198.45

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)		PROOF OF CLAIM
Name of Debtor THOMAS ALAN DWYER	Case Number 02-32917	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 02 OCT - 7 PM 1:38 U.S. BANKRUPTCY COURT ST. PAUL, MN </div>
<p>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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): WOLKY Name and Address where notices should be sent: WOLKY 6121 S KYRENE RD 102 TEMPE AZ 85283	<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:	Account or other number by which creditor identifies debtor: <u>5661105</u>	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input 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)	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 5 </div>
2. Date debt was incurred: <u>1/26/01; 8/10/01; 8/25/01; 9/22/01</u>	3. If court judgment, date obtained: <u>1519.26</u>	
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. <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.	\$ <u>1519.26</u>	
5. Secured Claim. <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. Unsecured Priority Claim. <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. 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 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101	
Date <u>10/1/02</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Priscilla Corbett, Renewables 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.		

SUMMIT ON GRAND
867 GRAND AVENUE
ST. PAUL, MN 55105
USA

Dear Wolky Retailer, AREA: 9 566165 12.02.02
You have been previously notified that the below listed invoices are past due.
It is urgent that you send a check immediately by overnight courier. Any further delay will result in our having to take further action in order to secure payment of due invoices.

Your account has been placed on credit hold. Upon payment of outstanding invoices we will review your account and determine if open credit is still available. It is possible that your account will be changed to a COD basis.

Please note that our standard terms of service are net 30.
Invoices outside of 45 days from the date of invoice will accrue interest charges equivalent to 18% per annum.
Please immediately contact our Credit Manager, Kristy Corley, at 800-965-5931 in order to resolve this matter.
If we do not hear from you the account may well be placed for collections

Thank you for cooperation

INV. DAT	INV.NO	DUE DATE		INV.AMMOUNT	PAYED	PAY DATE	BALANCE
28.06.01	040026	28.07.01 ***	USD	1,251,96	933,93		318,03
11.07.01	040350	10.08.01 ***	USD	61,89			61,89
26.07.01	040740	25.08.01 ***	USD	120,08			120,08
23.08.01	041331	22.09.01 ***	USD	1,003,46			1,003,46
				INTEREST 1,50% CALCULATED TILL 12.02.02			9,80
				TOTAL:			1.513,26

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)**

PROOF OF CLAIM

Name of Debtor
THOMAS ALAN DWYER

Case Number
02-32917

RECEIVED
02 OCT -7 AM 9:19
U.S. BANKRUPTCY COURT
ST. PAUL, MN

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):
ASOLO USA
Name and Address where notices should be sent:

**ASOLO USA
190 HANOVER ST.
LEBANON NH 03766**

Telephone Number: **603-448-8827**

- 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.

Account or other number by which creditor identifies debtor:

Check here if replaces this claim amends a previously filed claim, stated

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:

9/5/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 2,022.25

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate Motor Vehicle
- Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:

**U.S. BANKRUPTCY COURT
200 U.S. COURTHOUSE
316 NORTH ROBERT STREET
ST. PAUL, MN 55101**

Date

10/1/02

Sign and print the name and title, if any, of the creditor or other person authorized to file the claim (attach copy of power of attorney, if any):

Scott McCutley Bus. Mgr.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

ASOLO USA

190 HANOVER STREET
LEBANON NH 03766-1020

A/R Statement of Account

Statement Date: 10/01/02

Customer#: 780459

Tel: 603-448-8827 Fax: 603-448-8873

SUMMIT ON GRAND
867 GRAND AVE
ST PAUL MN 55105

Invoice	Seq	Term date	Due date	Remaining due	Future	1-30 days	31-60 days	61-90 days	90-120 days	over 120
26311	1	09/05/01	11/04/01	2,022.25						2,022.25

Customer Total:

2,022.25

2,022.25

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)

PROOF OF CLAIM

Name of Debtor
THOMAS ALAN DWYER

Case Number
02-32917

RECEIVED
02 OCT -7 AM 9:19
U.S. BANKRUPTCY COURT
ST. PAUL, MN

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. §563.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
REEF SANDALS
Name and Address where notices should be sent:

REEF SANDALS
9660 CHESAPEAKE DR.
SAN DIEGO CA 92123

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

this claim amends a previously filed claim, dated _____

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred: 8/2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 71.48

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

- Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
- Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:
U.S. BANKRUPTCY COURT
200 U.S. COURTHOUSE
316 NORTH ROBERT STREET
ST. PAUL, MN 55101

Date: 10/1/02
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):
VERNON WADDELL
CREDIT 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.



INVOICE

REEF WORLD HEADQUARTERS
 9660 Chesapeake Drive
 San Diego, California 92123
 TEL (858)514-3600
 FAX (858)514-3620

DATE	8/01/2001	INVOICE	208347	1
TERMS	NET 30			
DIVISION	DOMESTIC			

BILL TO:
 SU106
 SUMMIT ON GRAND
 ** INACTIVE **
 867 GRAND AVE
 ST. PAUL, MN 55105

SHIP TO:
 SUMMIT ON GRAND
 ** INACTIVE **
 867 GRAND AVE
 ST. PAUL, MN 55105

FOR DISTRIBUTION TO		PO NUMBER	DEPT	SHIP VIA		PICK TICKET	
		KATH		UPS GROUND		179596	
ORDER #	ACCOUNT SALESPERSON	SELLING SALESPERSON			START SHIP	STOP SHIP	
156253	070 Z*MARK WILLIAMS				8/09/2001	8/31/2001	
DESCRIPTION					UNITS	PRICE	EXT PRICE
Style: 1539 RF BUTTER							
-Colors- A 3* 4* 5* 6* 7* 8* 9* 10* 11* 12* 13* 14							
BRO BROWN 1					1	17.00	17.00
FREIGHT					1	5.72	5.72
DUE DATE	DISC AMOUNT	CARTONS	WEIGHT	TOTAL QUANTITY	TOTAL MERCHANDISE		
8/31/2001		1	2.00	1	17.00		
					NON MERCHANDISE:		
					5.72		
					INVOICE TOTAL		
					22.72		



INVOICE

REEF WORLD HEADQUARTERS
 9660 Chesapeake Drive
 San Diego, California 92123
 TEL (858)514-3600
 FAX (858)514-3620

DATE	8/03/2001	INVOICE	208579	1
TERMS	NET 30			
DIVISION	DOMESTIC			

BILL TO:
 SU106
 SUMMIT ON GRAND
 ** INACTIVE **
 867 GRAND AVE
 ST. PAUL, MN 55105

SHIP TO:
 SUMMIT ON GRAND
 ** INACTIVE **
 867 GRAND AVE
 ST. PAUL, MN 55105

FOR DISTRIBUTION TO		PO NUMBER	DEPT	SHIP VIA		PICK TICKET
		JUSTIN		UPS GROUND		179815
ORDER #	ACCOUNT SALESPERSON	SELLING SALESPERSON		START SHIP	STOP SHIP	
156284	070 Z*MARK WILLIAMS			8/01/2001	9/01/2001	
DESCRIPTION				UNITS	PRICE	EXT PRICE
Style: 1511 RF COCO						
-Colors- A 3* 4* 5* 6* 7* 8* 9* 10* 11* 12* 13* 14						
MOS MOSS				1	15.00	15.00
FREIGHT				1	5.72	5.72
DUPLICATE	DISC AMOUNT	CARTONS	WEIGHT	TOTAL QUANTITY	TOTAL MERCHANDISE	
9/02/2001		1	2.00	1	15.00	
					NON MERCHANDISE:	
					5.72	
					INVOICE TOTAL	
					20.72	



INVOICE

REEF WORLD HEADQUARTERS
 9660 Chesapeake Drive
 San Diego, California 92123
 TEL (858)514-3600
 FAX (858)514-3620

DATE	8/07/2001	INVOICE	208961	1
TERMS	NET 30			
DIVISION	DOMESTIC			

BILL TO:
 SU106
 SUMMIT ON GRAND
 ** INACTIVE **
 867 GRAND AVE
 ST. PAUL, MN 55105

SHIP TO:
 SUMMIT ON GRAND
 ** INACTIVE **
 867 GRAND AVE
 ST. PAUL, MN 55105

FOR DISTRIBUTION TO		PO NUMBER	DEPT	SHIP VIA		PICK TICKET	
ORDER #	ACCOUNT SALESPERSON	JUSTIN		UPS GROUND		180296	
156284	070 Z*MARK WILLIAMS					START SHIP	STOP SHIP
DESCRIPTION		SELLING SALESPERSON		UNITS	PRICE	EXT PR CE	
Style: 1541		RF SANDY					
-Colors-		A	3* 4* 5* 6* 7* 8* 9* 10* 11* 12* 13* 14				
LAV LAVENDER			1 1	2	11.00	22.00	
FREIGHT				1	6.04	6.04	
DUE DATE	DISC AMOUNT	CARTONS	WEIGHT	TOTAL QUANTITY	TOTAL MERCHANDISE		
9/06/2001		1	3.00	2	22.00		
					NON MERCHANDISE:		
					6.04		
					INVOICE TOTAL		
					28.04		

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)		PROOF OF CLAIM
Name of Debtor THOMAS ALAN DWYER	Case Number 02-32917	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">02 OCT -7 AM 9:17</p> <p style="font-size: 0.8em; margin: 0;">U.S. BANKRUPTCY COURT ST. PAUL, MN</p> </div>
<p>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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): KAVU INC. Name and Address where notices should be sent: KAVU INC. 1050 W EWING ST SEATTLE WA 98119 Telephone Number: (206) 285 9124	<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: 55460R	(Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: 08-13-2001 through 12-11-2001		3. If court judgment, date obtained: 9
4. Total Amount of Claim at Time Case Filed: \$ 3,405.06		
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. Secured Claim. <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. Unsecured Priority Claim. <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. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		SEND CLAIM TO: U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101
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.		
Date 10/01/2002	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>Tom Dwyer</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.		

KAVU, Inc.
 1050 West Ewing Street
 Seattle, WA 98119

Invoice #: 30209

Tel: (206) 285-9124
 Fax: (206) 285-9125

Invoice Date: Sep 6 01
 Page #: 1

BILL:

The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

SHIP:

The Summit on Grand
 867 GRAND AVE.

St. Paul, MN
 55105

Order #	Ship Date	Cust#	Sales Rep	P.O.#	Ship Via	Terms
W0915A20	Sep 6 01	554G0R	KATREP		UPS Ground	NET30

Qty Shipped	Qty B/O	Item #	Loc	Description	Unit Price	Ext Price
1	0	205-12-00	W3	Zubby Pullover-Aloe-XS	21.00	21.00
1	0	205-12-1	W3	Zubby Pullover-Aloe-S	21.00	21.00
1	0	205-12-2	W3	Zubby Pullover-Aloe-M	21.00	21.00
1	0	205-12-3	W3	Zubby Pullover-Aloe-L	21.00	21.00
1	0	205-73-00	W3	Zubby Pullover-Boysenberry-XS	21.00	21.00
1	0	205-73-1	W3	Zubby Pullover-Boysenberry-S	21.00	21.00
1	0	205-73-2	W3	Zubby Pullover-Boysenberry-M	21.00	21.00
1	0	205-73-3	W3	Zubby pullover-Boysenberry-L	21.00	21.00
1	0	205-99-00	W3	Zubby Pullover-Slate-XS	21.00	21.00
1	0	205-99-1	W3	Zubby Pullover-Slate-S	21.00	21.00
1	0	205-99-2	W3	Zubby Pullover-Slate-M	21.00	21.00
1	0	205-99-3	W3	Zubby Pullover-Slate-L	21.00	21.00
3	0	159-20-	W3	Alvin Knit Hat-Black	12.00	36.00
1	0	182-76-	W3	Wave Maker-Chamois	11.25	11.25
1	0	182-98-	W3	Wave Maker-Charcoal	11.25	11.25
1	0	182-00-	W3	Wave Maker-Khaki	11.25	11.25
1	0	183-98-	W3	Caboose-Charcoal	12.00	12.00
1	0	183-00-	W3	Caboose-Khaki	12.00	12.00
1	0	183-36-	W3	Caboose-Midnight	12.00	12.00
1	0	181-40-	W3	Clifford-Burgundy	11.50	11.50
1	0	181-98-	W3	Clifford-Charcoal	11.50	11.50
1	0	324-66-1	W3	Baranof Vest-Graphite-S	39.00	39.00
0	0	324-66-2	W3	Baranof Vest-Graphite-M	39.00	0.00
1	0	324-66-3	W3	Baranof Vest-Graphite-L	39.00	39.00
1	0	324-00-1	W3	Baranof Vest-Khaki-S	39.00	39.00
2	0	324-00-2	W3	Baranof Vest-Khaki-M	39.00	78.00
1	0	324-00-3	W3	Baranof Vest-Khaki-L	39.00	39.00

KAVU, Inc.
 1050 West Ewing Street
 Seattle, WA 98119

Tel: (206) 285-9124
 Fax: (206) 285-9125

Invoice #: 30209

Invoice Date: Sep 6 01
 Page #: 2

BILL:

The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

SHIP:

The Summit on Grand
 867 GRAND AVE.

St. Paul, MN
 55105

Order #	Ship Date	Cust#	Sales Rep	P.O.#	Ship Via	Terms
W0915A20	Sep 6 01	554GOR	KATREP		UPS Ground	NET30

Qty Shipped	Qty B/O	Item #	Loc	Description	Unit Price	Ext Price
0	1	333-98-1	W3	Kamloops Sweater-Charcoal Twist-S	30.00	0.00
0	2	333-98-2	W3	Kamloops Sweater-Charcoal Twist-M	38.00	0.00
0	1	333-98-3	W3	Kamloops Sweater-Charcoal Twist-L	38.00	0.00
0	1	333-98-4	W3	Kamloops Sweater-Charcoal Twist-XL	38.00	0.00
1	0	560-20-2	W3	Mens Tampico LS-Black-M	35.00	35.00
1	0	560-20-3	W3	Mens Tampico LS-Black-L	35.00	35.00
1	0	560-91-2	W3	Mens Tampico LS-Rope-M	35.00	35.00
1	0	560-91-3	W3	Mens Tampico LS-Rope-L	35.00	35.00
1	0	700-00-1	W3	Mens Chilliwack Pant-Khaki-S	31.00	31.00
1	0	700-00-2	W3	Mens Chilliwack Pant-Khaki-M	31.00	31.00
1	0	700-00-3	W3	Mens Chilliwack Pant-Khaki-L	31.00	31.00
1	0	700-00-4	W3	Mens Chilliwack Pant-Khaki-XL	31.00	31.00
				Freight		13.44

Thank you for your order!

Please contact Matt Millet with billing questions
 or concerns at (800)419-5288.

Payments not received within the terms of the order will
 be subject to a 1.5% finance charge.

All unfilled backorders will be cancelled 30 days after ship date.

Freight \$ 13.44

TOTAL DUE \$ 892.19

=====

KAVU, Inc.
 1050 West Ewing Street
 Seattle, WA 98119

Tel: (206) 285-9124
 Fax: (206) 285-9125

Invoice #: 30503

Invoice Date: Sep 20 01
 Page #: 1

BILL:
 The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

SHIP:
 The Summit on Grand
 867 GRAND AVE.

St. Paul, MN
 55105

Order #	Ship Date	Cust#	Sales Rep	P.O.#	Ship Via	Terms
W0915A20	Sep 20 01	554GOR	KATREP		UPS Ground	NET30

Qty Shipped	Qty B/O	Item #	Loc	Description	Unit Price	Ext Price
1	0	333-98-1	W3	Kamloops Sweater-Charcoal Twist-S	30.00	30.00
2	0	333-98-2	W3	Kamloops Sweater-Charcoal Twist-M	38.00	76.00
1	0	333-98-3	W3	Kamloops Sweater-Charcoal Twist-L	38.00	38.00
1	0	333-98-4	W3	Kamloops Sweater-Charcoal Twist-XL	38.00	38.00
				Freight		7.39

Thank you for your order!

Please contact Matt Millet with billing questions or concerns at (800)419-5288.

Payments not received within the terms of the order will be subject to a 1.5% finance charge.

All unfilled backorders will be cancelled 30 days after ship date.

Freight \$ 7.39

TOTAL DUE \$ 189.39

KAVU, Inc.
 1050 West Ewing Street
 Seattle, WA 98119

Tel: (206) 285-9124
 Fax: (206) 285-9125

Invoice #: 30733

Invoice Date: Oct 15 01

Page #: 1

BILL:

The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

SHIP:

The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

Order #	Ship Date	Cust#	Sales Rep	P.O.#	Ship Via	Terms
A1012A03	Oct 15 01	554G0R	KATREP		UPS Ground	NET30
Qty Shipped	Qty B/O	Item #	Loc	Description	Unit Price	Ext Price
2	0	700-66-1	W3	Mens Chilliwack Pant-Graphite-S	31.00	62.00
2	0	700-66-2	W3	Mens Chilliwack Pant-Graphite-M	31.00	62.00
2	0	700-66-3	W3	Mens Chilliwack Pant-Graphite-L	31.00	62.00
2	0	700-00-1	W3	Mens Chilliwack Pant-Khaki-S	31.00	62.00
1	0	700-00-2	W3	Mens Chilliwack Pant-Khaki-M	31.00	31.00
1	0	700-00-3	W3	Mens Chilliwack Pant-Khaki-L	31.00	31.00
0	0	324-66-2	W3	Baranof Vest-Grapiite-M	39.00	0.00
1	0	560-91-3	W3	Mens Tampico LS-Rope-L	35.00	35.00
1	0	253-40-1	W3	Rhumba-Burgundy-S	34.00	34.00
2	0	253-40-2	W3	Rhumba-Burgundy-M	34.00	68.00
1	0	253-40-3	W3	Rhumba-Burgundy-L	34.00	34.00
1	0	253-91-1	W3	Rhumba-Rope-S	34.00	34.00
0	0	253-91-2	W3	Rhumba-Rope-M	34.00	0.00
1	0	253-91-3	W3	Rhumba-Rope-L	34.00	34.00
3	0	183-98-	W3	Caboose-Charcoal	12.00	36.00
3	0	183-36-	W3	Caboose-Midnight	12.00	36.00
1	0	323-66-1	W3	Baranof Jacket-Graphite-S	55.00	55.00
1	0	323-66-2	W3	Baranof Jacket-Graphite-M	55.00	55.00
1	0	323-66-3	W3	Baranof Jacket-Graphite-L	55.00	55.00
1	0	323-66-4	W3	Baranof Jacket-Graphite-XL	55.00	55.00
3	0	181-64-	W3	Clifford-Moss	11.50	34.50
3	0	181-98-	W3	Clifford-Charcoal	11.50	34.50
2	0	182-98-	W3	Wave Maker-Charcoal	11.25	22.50

KAVU, Inc.
 1050 West Ewing Street
 Seattle, WA 98119

Tel: (206) 285-9124
 Fax: (206) 285-9125

Invoice #: 30733

Invoice Date: Oct 15 01
 Page #: 2

BILL:

The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

SHIP:

The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

Order #	Ship Date	Cust#	Sales Rep	P.O.#	Ship Via	Terms
A1012A03	Oct 15 01	554GOR	KATREP		UPS Ground	NET30

Qty Shipped	Qty B/O	Item #	Loc	Description	Unit Price	Ext Price
2	0	182-36-	W3	Wave Maker-Midnight	11.25	22.50
1	0	213-64-2	W3	Nellie-Moss-M	26.00	26.00
1	0	213-20-2	W3	Nellie-Black-M	26.00	26.00
1	0	213-20-3	W3	Nellie-Black-L	26.00	26.00
				Freight		14.59

Thank you for your order!
 Please contact Matt Millet with billing questions
 or concerns at (800)419-5288.
 Payments not received within the terms of the order will
 be subject to a 1.5% finance charge.
 All unfilled backorders will be cancelled 30 days after ship date.

Freight \$ 14.59

 TOTAL DUE \$ 1,047.59
 =====

KAVU, Inc.
 1050 West Ewing Street
 Seattle, WA 98119

Invoice #: 30958

Tel: (206) 285-9124
 Fax: (206) 285-9125

Invoice Date: Nov 6 01
 Page #: 1

BILL:

The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

SHIP:

The Summit on Grand
 867 GRAND AVE.

St. Paul, MN
 55105

Order #	Ship Date	Cust#	Sales Rep	P.O.#	Ship Via	Terms
W1031A25	Oct 31 01	554GDR	KATREP		UPS Ground	NET30

Qty Shipped	Qty B/D	Item #	Loc	Description	Unit Price	Ext Price
1	0	270-20-1	W3	Rio Jacket-Black-S	36.00	36.00
2	0	270-20-2	W3	Rio Jacket-Black-M	36.00	72.00
1	0	270-20-3	W3	Rio Jacket-Black-L	36.00	36.00
1	0	253-20-2	W3	Rhumba-Black-M	34.00	34.00
1	0	253-20-3	W3	Rhumba-Black-L	34.00	34.00
1	0	253-40-00	W3	Rhumba-Burgundy-XS	34.00	34.00
1	0	253-40-1	W3	Rhumba-Burgundy-S	34.00	34.00
2	0	253-40-2	W3	Rhumba-Burgundy-M	34.00	68.00
1	0	253-40-3	W3	Rhumba-Burgundy-L	34.00	34.00
1	0	692-20-08	W3	Sanora Pant-Black-8	39.00	39.00
1	0	692-20-10	W3	Sanora Pant-Black-10	39.00	39.00
3	0	159-20-	W3	Alvin Knit Hat-Black	12.00	36.00
1	0	182-98-	W3	Wave Maker-Charcoal	11.25	11.25
1	0	182-00-	W3	Wave Maker-Khaki	11.25	11.25
1	0	182-36-	W3	Wave Maker-Midnight	11.25	11.25
1	0	182-85-	W3	Wave Maker-Spruce	11.25	11.25
1	0	183-98-	W3	Caboose-Charcoal	12.00	12.00
1	0	183-00-	W3	Caboose-Khaki	12.00	12.00
1	0	183-36-	W3	Caboose-Midnight	12.00	12.00
1	0	181-40-	W3	Clifford-Burgundy	11.50	11.50
1	0	181-98-	W3	Clifford-Charcoal	11.50	11.50
0	0	908-98-	W3	Wally Wallet-Charcoal	6.00	0.00
0	0	908-64-	W3	Wally Wallet-Moss	6.00	0.00
0	0	908-21-	W3	Wally Wallet-Saddle	6.00	0.00
0	0	917-98-	W3	Keeper-Charcoal	14.00	0.00
0	0	917-64-	W3	Keeper-Moss	14.00	0.00
0	0	917-21-	W3	Keeper-Saddle	14.00	0.00

KAVU, Inc.
 1050 West Ewing Street
 Seattle, WA 98119

Tel: (206) 285-9124
 Fax: (206) 285-9125

Invoice #: 30958

Invoice Date: Nov 6 01
 Page #: 2

BILL:

The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

SHIP:

The Summit on Grand
 867 GRAND AVE.

St. Paul, MN
 55105

Order #	Ship Date	Cust#	Sales Rep	P.O.#	Ship Via	Terms
W1031A25	Oct 31 01	554GOR	KATREP		UPS Ground	NET30

Qty Shipped	Qty B/O	Item #	Loc	Description	Unit Price	Ext Price
1	0	700-00-2	W3	Mens Chilliwack Pant-Khaki-M	31.00	31.00
1	0	700-00-3	W3	Mens Chilliwack Pant-Khaki-L	31.00	31.00
				Freight		8.37

Thank you for your order! This account has been assigned to,
 is owned and is payable in par funds only to:

Century Business Credit Corporation
 PO Box 360286
 Pittsburgh, PA 15250-6286

TOTAL DUE \$ 670.37
 =====

To whom notice must be given of any merchandise returns or claims for shortage, non-delivery or for other grounds.

KAVU, Inc.
 1050 West Ewing Street
 Seattle, WA 98119

Tel: (206) 285-9124
 Fax: (206) 285-9125

Invoice #: 31228

Invoice Date: Dec 11 01
 Page #: 1

BILL:
 The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

SHIP:
 The Summit on Grand
 867 Grand Ave.

St. Paul, MN
 55105

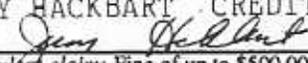
Order #	Ship Date	Cust#	Sales Rep	P.O.#	Ship Via	Terms
A1205W12	Dec 11 01	554G0R	KATREP	NO PO	UPS Ground	NET30

Qty Shipped	Qty B/O	Item #	Loc	Description	Unit Price	Ext Price
1	0	208-98-1	W3	Bella Bella Sweater-Charcoal Twist-S	36.00	36.00
1	0	208-98-2	W3	Bella Bella Sweater-Charcoal Twist-M	36.00	36.00
1	0	208-98-3	W3	Bella Bella Sweater-Charcoal Twist-L	36.00	36.00
2	0	693-20-1	W3	Galena Skirt-Black-S	34.00	68.00
2	0	693-20-2	W3	Galena Skirt-Black-M	34.00	68.00
2	0	693-20-3	W3	Galena Skirt-Black-L	34.00	68.00
1	0	305-00-2	W3	Kanaka Vest-Khaki-M	28.00	28.00
1	0	305-00-3	W3	Kanaka Vest-Khaki-L	28.00	28.00
1	0	305-00-4	W3	Kanaka Vest-Khaki-XL	28.00	28.00
1	0	538-85-2	W3	Who-Chee Shirt-Spruce-M	30.00	30.00
2	0	538-85-3	W3	Who-Chee Shirt-Spruce-L	30.00	60.00
1	0	538-85-4	W3	Who-Chee Shirt-Spruce-XL	30.00	30.00
2	0	183-98-	W3	Caboose-Charcoal	12.00	24.00
2	0	183-00-	W3	Caboose-Khaki	12.00	24.00
2	0	181-98-	W9	Clifford-Charcoal	11.50	23.00
Freight						19.24

Thank you for your order!
 Please contact Matt Millet with billing questions
 or concerns at (800)419-5288.
 Payments not received within the terms of the order will
 be subject to a 1.5% finance charge.
 All unfilled backorders will be cancelled 30 days after ship date.

Freight \$ 19.24

 TOTAL DUE \$ 606.24
 =====

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)		PROOF OF CLAIM
Name of Debtor THOMAS ALAN DWYER	Case Number 02-32917	RECEIVED DISTRICT COURT ST. PAUL, MN 10-15-02 JERRY HACKBART
Name of Creditor (The person or other entity to whom the debtor owes money or property): FOX RIVER MILLS INC. Name and Address where notices should be sent: FOX RIVER MILLS INC. PO BOX 60795 ST LOUIS MO 63160 Telephone Number: 641-732-3798 x 266		
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 _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 12-19-01	3. If court judgment, date obtained: none	10 JMS
4. Total Amount of Claim at Time Case Filed: \$ 1,000.00	If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
5. Secured Claim. <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. Unsecured Priority Claim. <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. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	SEND CLAIM TO: U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101	
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.		
Date 10-8-02	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): JERRY HACKBART CREDIT 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.		



Fox River

001821110000000177270

PLEASE REMIT TO:

FOX RIVER MILLS, INC.
P.O. BOX 60795
ST. LOUIS, MO 63160-0795

REMITTANCE FOR INVOICE # 182111
CUSTOMER # 092130

PURCHASE ORDER NO. TOM 12-18	VENDOR NO.	MILL ORDER NO. 533554	INVOICE DATE 12/19/01	INVOICE NUMBER 00182111
SHIPPED VIA UPS PRE-PAID SHIPPER # 532-855		TERMS NET 30	SALES GROUP GREAT NORTHERN GROUP	

BILL TO:
THE SUMMIT ON GRAND
867 GRAND AVE
ST PAUL
MN USA 55105-

SHIP TO:
THE SUMMIT ON GRAND 0000
867 GRAND AVE
ST PAUL
MN USA 55105-

QUANTITY	STYLE NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1.500	DZ 2013 179226	2013 LG 02030 NAVY	63.00	94.50
1.000	DZ 2013 175045	2013 LG 06050 KHAKI MULTI	63.00	63.00
1.500	DZ 2013 171660	ACTUAL COLOR IS KHAKI/NAVY 2013 LG 07000 BLACK	63.00	94.50
1.000	DZ 2013 174888	2013 MD 02030 NAVY	63.00	63.00
.500	DZ 2013 177146	2013 MD 06050 KHAKI MULTI	63.00	31.50
1.000	DZ 2013 196341	ACTUAL COLOR IS KHAKI/NAVY 2013 MD 07000 BLACK	63.00	63.00
.500	DZ 2525 153804	2525 LG 05068 OLIVE HEATHER	76.20	38.10
.500	DZ 2525 161504	2525 LG 06061 SAND HEATHER	76.20	38.10
.500	DZ 2525 127725	2525 LG 07322 DK.CHARCOAL HEA	76.20	38.10
.500	DZ 2525 107939	2525 MD 05068 OLIVE HEATHER	76.20	38.10
.500	DZ 2525 178676	2525 MD 06061 SAND HEATHER	76.20	38.10
.500	DZ 2525 137160	2525 MD 07322 DK.CHARCOAL HEA	76.20	38.10

ALL QUANTITIES ARE IN DOZENS UNLESS OTHERWISE NOTATED.

TOTAL DOZENS	CASE NUMBERS	INVOICE SUBTOTAL	FOR MILL INTEREST CHARGES AFTER 90 DAYS	FREIGHT	TOTAL DUE
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SALES OFFICES AND MANUFACTURING FACILITIES LOCATED AT:

P.O. BOX 298 OSAGE, IA 50461-0298 227 POPLAR STREET, OSAGE, IA 50401-1063 PHONE: 641-732-3798 OR 800-247-1815 FAX 641-732-5128



Fox River

001821110000000177270

PLEASE REMIT TO:

FOX RIVER MILLS, INC.
P.O. BOX 60795
ST. LOUIS, MO 63160-0795

REMITTANCE FOR INVOICE # 182111
CUSTOMER # 092130

PURCHASE ORDER NO. TOM 12-18	VENDOR NO.	MILL ORDER NO. 533554	INVOICE DATE 12/19/01	INVOICE NUMBER 00182111
SHIPPED VIA UPS PRE-PAID SHIPPER # 532-855		TERMS NET 30	SALES GROUP GREAT NORTHERN GROUP	

BILL TO:
THE SUMMIT ON GRAND
867 GRAND AVE
ST PAUL
MN USA 55105-

SHIP TO:
THE SUMMIT ON GRAND 0000
867 GRAND AVE
ST PAUL
MN USA 55105-

QUANTITY	STYLE NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1.000	DZ 2525 159371	2525 MD 07475 PEWTER HEATHER	76.20	76.20
.500	DZ 9300 107130	9300 LG 06120 BROWN TWEED	144.00	72.00
		ACTUAL COLOR IS BROWN TWEED/ACORN		
.500	DZ 9300 103418	9300 MD 06120 BROWN TWEED	144.00	72.00
		ACTUAL COLOR IS BROWN TWEED/ACORN		
.500	DZ 9300 156100	9300 SM 06120 BROWN TWEED	144.00	72.00
		ACTUAL COLOR IS BROWN TWEED/ACORN		
.500	DZ 9360 159452	9360 LG 06120 BROWN TWEED	174.00	87.00
		ACTUAL COLOR IS BROWN TWEED/ACORN		
.500	DZ 9360 166463	9360 MD 06120 BROWN TWEED	174.00	87.00
		ACTUAL COLOR IS BROWN TWEED/ACORN		
.500	DZ 9360 101843	9360 SM 06120 BROWN TWEED	174.00	87.00
		ACTUAL COLOR IS BROWN TWEED/ACORN		
.500	DZ 9366 103755	9366 LG 06120 BROWN TWEED	162.00	81.00
		ACTUAL COLOR IS BROWN TWEED/ACORN		
.500	DZ 9366 161720	9366 MD 06120 BROWN TWEED	162.00	81.00

ALL QUANTITIES ARE IN DOZENS UNLESS OTHERWISE NOTATED.

TOTAL DOZENS	CASE NUMBERS	INVOICE SUBTOTAL	FOB MILL INTEREST CHARGED AFTER 90 DAYS	FREIGHT	TOTAL DUE
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SALES OFFICES AND MANUFACTURING FACILITIES LOCATED AT:
P.O. BOX 298 OSAGE, IA 50461-0298 227 POPLAR STREET, OSAGE, IA 50461-1083 PHONE: 641-732-3798 OR 800-247-1815 FAX 641-732-5128



Fox River

001821110000000177270

PLEASE REMIT TO:

**FOX RIVER MILLS, INC.
P.O. BOX 60795
ST. LOUIS, MO 63160-0795**

REMITTANCE FOR INVOICE # 182111
CUSTOMER # 092130

PURCHASE ORDER NO. TOM 12-18	VENDOR NO.	MILL ORDER NO. 533554	INVOICE DATE 12/19/01	INVOICE NUMBER 00182111
SHIPPED VIA UPS PRE-PAID SHIPPER # 532-855		TERMS NET 30	SALES GROUP GREAT NORTHERN GROUP	

BILL TO:
THE SUMMIT ON GRAND
867 GRAND AVE
ST PAUL
MN USA 55105-

SHIP TO:
THE SUMMIT ON GRAND 0000
867 GRAND AVE
ST PAUL
MN USA 55105-

QUANTITY	STYLE NO.	DESCRIPTION	UNIT PRICE	AMOUNT
		ACTUAL COLOR IS BROWN TWEED/ACORN		
1.000	DZ 9978 135171	9978 LG 06120 BROWN TWEED	72.00	72.00
.500	DZ 9988 155722	9988 LG 01030 NATURAL	81.00	40.50
.500	DZ 9988 135097	9988 LG 06120 BROWN TWEED	81.00	40.50
.500	DZ 9988 157130	9988 MD 01030 NATURAL	81.00	40.50
1.000	DZ 9988 146289	9988 MD 06120 BROWN TWEED	81.00	81.00
.500	DZ 9988 175842	9988 SM 01030 NATURAL	81.00	40.50
1.000	DZ 9988 114159	9988 SM 06120 BROWN TWEED	81.00	81.00

5-22-02
COPIES TO COMMISSIONS AND SALESMAN.
TO COLLECTION. MC/JH

ALL QUANTITIES ARE IN DOZENS UNLESS OTHERWISE NOTATED.

Bal \$1,000.00

TOTAL DOZENS 19.500	CASE NUMBERS 3 CASES FROM 1044814 TO 1044816	INVOICE SUBTOTAL 1,749.30	FOR ALL INTEREST CHARGES AFTER DATE 23.40	FREIGHT 23.40	TOTAL DUE 1,772.70
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SALES OFFICES AND MANUFACTURING FACILITIES LOCATED AT:
P.O. BOX 298 OSAGE, IA 50461-0298 227 POPLAR STREET, OSAGE, IA 50461-1083 PHONE: 641-732-3796 OR 800-247-1815 FAX 641-732-5128

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)		PROOF OF CLAIM
Name of Debtor THOMAS ALAN DWYER	Case Number 02-32917	U.S. BANKRUPTCY COURT 200 U.S. COURT HOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101 RECEIVED OCT 15 PM 9:52
Name of Creditor (The person or other entity to whom the debtor owes money or property): ST MORITZ WATCH CORP Name and Address where notices should be sent: ST MORITZ WATCH CORP 1140 WEST 7TH AVE. VANCOUVER BC V6H1B4 CANADA		
Telephone Number: _____		
Account or other number by which creditor identifies debtor: SUMGRA.		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____ this claim
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: January 2002		3. If court judgment, date obtained: 13
4. Total Amount of Claim at Time Case Filed: \$ 480.50 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. Secured Claim. <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. Unsecured Priority Claim. <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. 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 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101
Date 10/8/02	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): Schadler - Accounting Assistant	
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.		

OR VAT REG: 741 5335 48
 GST/BIN: 105 030 118

Invoice USA00011616

St. Moritz Watch Corporation
 1140 West 7th Avenue
 Vancouver BC V6H 1B4
 Canada

Date 01/10/2002

Bill To:
 The Summit on Grand
 867 Grand Ave.,
 St. Paul MN 55105
 USA

Ship To:
 The Summit on Grand
 867 Grand Ave.,
 St. Paul MN 55105
 USA

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	SM Master No.	Invoice Currency
ELLEN19	SUMGRA	MILLS	UPS GROUND	Net 30	22,046	Z-US\$

Ordered	Shipped	S/O	Item Number	Description	Discount	Unit Price	Ext. Price
1	1	0	1M-DV00U9U-AC	MOMENTUM M1 (WAVE), M, BLUE DIAL, BLUE NYLON BAND	\$0.00	\$35.00	\$35.00
2	2	0	1M-DV00B9B-AC	MOMENTUM M1 (TENERIFE), M, B/D, BLACK NYLON BAND	\$0.00	\$35.00	\$70.00
1	1	0	1M-DV01L9B-AC	MOMENTUM M1 (MARGARITA) L, L/D, BLACK NYLON BAND	\$0.00	\$35.00	\$35.00
1	1	0	1M-DV01O9B-AC	MOMENTUM M1 (SQUEEZE), L, O/D, BLACK NYLON BAND	\$0.00	\$35.00	\$35.00
1	1	0	ZC-ZCATLG-1MAIN	ST. MORITZ CATALOGUE & PRICE LIST	\$2.50	\$2.50	\$0.00

Thank you for your order!

Processed by: ang1

Subtotal	\$175.00
Misc	\$0.00
Tax	\$0.00
Freight	\$11.00
Trade Discount	\$0.00
Total	\$186.00

THIS IS A SYSTEM-GENERATED COPY OF AN INVOICE YOU REQUESTED.

Z-US\$

UK VAT REG: 741 5335 48
 GST/RIN: 105 030 118

Invoice USA00011736

SM Mexico Watch Corporation
 1140 West 7th Avenue
 Vancouver BC V6H 1B4
 Canada

Date 01/18/2002

Bill To:
 The Summit on Grand
 867 Grand Ave.,
 St. Paul MN 55105
 USA

Ship To:
 The Summit on Grand
 867 Grand Ave.,
 St. Paul MN 55105
 USA

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	SM Master No.	Invoice Currency
TUM1802	SKMGRA	MILLS	UPS GROUND	Net 30	22,357	Z-US\$

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1	1	0	1M-DV01P9B-AC	MOMENTUM M1 (STARFISH) L, P/D, BLACK NYLON BAND	\$0.00	\$35.00	\$35.00
1	1	0	1M-DV01Y9Y-AC	MOMENTUM M1 (CARRIACOU) L, Y/D, YELLOW NYLON BAND	\$0.00	\$35.00	\$35.00
1	1	0	1M-DV00L9B-AC	MOMENTUM M1 (INCOGNITO), M, LIME DIAL, BLACK NYLON	\$0.00	\$35.00	\$35.00
1	1	0	1M-DV01L9B-AC	MOMENTUM M1 (MARGARITA) L, L/D, BLACK NYLON BAND	\$0.00	\$35.00	\$35.00
1	1	0	1M-DV00W1T-AC	MOMENTUM M1 (ORCA) M, W/D, TRANSPARENT RUBBER	\$0.00	\$40.00	\$40.00
1	1	0	1M-DV01Y1Y-AC	MOMENTUM M1 (CARRIACOU) L, Y/D, YELLOW HYPER BAND	\$0.00	\$40.00	\$40.00
1	1	0	1M-DV00L0B-AC	MOMENTUM M1 (INCOGNITO), M, L/D, SS & POLY BRACELET	\$0.00	\$50.00	\$50.00
1	1	0	1M-DV00L1B-AC	MOMENTUM M1 (INCOGNITO), M, L/D, BLACK HYPER RUBBER	\$0.00	\$40.00	\$40.00
1	1	0	1M-DV01L1B-AC	MOMENTUM M1 (MARGARITA), L, L/D, BLACK HYPER RUBBER	\$0.00	\$40.00	\$40.00
1	1	0	1M-DV01P1T-AC	MOMENTUM M1 (STARFISH) L, P/D, TRANSPARENT RUBBER	\$0.00	\$40.00	\$40.00

Thank you for your order!

Processed by: ang!

Subtotal	\$390.00
Misc	\$0.00
Tax	\$0.00
Freight	\$17.00
Trade Discount	\$0.00
Total	\$407.00

THIS IS A SYSTEM-GENERATED COPY OF AN INVOICE YOU REQUESTED.

Z-US\$

HISTORICAL INVOICE COPY

Page: 1

HK VAT REG: 741 5335 48
 (ST/TIN): 105 030 118

Invoice USA00011739

St. Meritt Watch Corporation
 1140 West 7th Avenue
 Vancouver BC V6H 1B4
 Canada

Date: 01/18/2002

Bill To:
 The Summit on Grand
 867 Grand Ave.,
 St. Paul MN 55105
 USA

Ship To:
 The Summit on Grand
 867 Grand Ave.,
 St. Paul MN 55105
 USA

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	SM Master No.	Invoice Currency
JAMES MILLS	SUMGRA	MILLS	UPS GROUND	Net 30	18,661	Z-US\$

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
2	2	0	GR4102	DIGI-WALKER PEDOMETER (MILES)	\$0.00	\$17.50	\$35.00

Thank you for your order!

Processed by: Angl

Subtotal	\$35.00
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$35.00

THIS IS A SYSTEM-GENERATED COPY OF AN INVOICE YOU REQUESTED.

Z-US\$

HISTORICAL

SF. Merritt Watch Corporation
1140 West 7th Avenue

Return USARTN7879

Vancouver BC V6E 1B4

Date
02/07/2002

Page: 1

Bill To:
The Summit on Grand
867 Grand Ave.

Ship To:
The Summit on Grand
867 Grand Ave.

St. Paul MN 55105

St. Paul MN 55105

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.	Quantity	Item Number	Description	UCM	Discount	Unit Price	Extended Price
RA 03011402	SUMERA	MILLS	UPS GROUND	Net 30	02/07/2002	23,031	1	0V42W0	PROFESSIONAL, M, 2T, W/D, 2T INTERLOCK	each	50.00	\$147.50	\$147.50

Subtotal	\$147.50
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$147.50

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)**

PROOF OF CLAIM

Name of Debtor
THOMAS ALAN DWYER

Case Number
02-32917

RECEIVED
 02 OCT 22 AM 9:06
 U.S. BANKRUPTCY COURT
 ST. PAUL, MN

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):
CLOUDVEIL MOUNTAINWORKS
Name and Address where notices should be sent:
CLOUDVEIL MOUNTAINWORKS
PO BOX 11810
155 E PEARL AVE
JACKSON WY 83002-1810

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: (307) 734-3880

Account or other number by which creditor identifies debtor:

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

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred: 4/10/01

3. If court judgment, date obtained:

14

4. Total Amount of Claim at Time Case Filed:

\$ 723.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim:
- Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
- Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:

U.S. BANKRUPTCY COURT
200 U.S. COURTHOUSE
316 NORTH ROBERT STREET
ST. PAUL, MN 55101

Date

10/17/02

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):

Megan A Anderson Controller

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

--- DEFINITIONS ---

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5. Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

6. Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

7. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

8. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

Cloudveil Mountain Works
P.O. Box 11810
155 East Pearl Avenue
Jackson, WY 83001

Statement

DATE
10/1/2002

TO:
Summit on Grand
867 Grand Avenue
Saint Paul, MN 55105

		AMOUNT DUE	AMOUNT ENC.		
		\$723.00			
DATE	TRANSACTION	AMOUNT	BALANCE		
12/31/2001	Balance forward		2,518.50		
01/11/2002	Summit on Grand (Gore Creek)- PMT #5919	-500.00	2,018.50		
02/15/2002	CREDMEM #5358 - Product returned per agreement, not returned to stock	-1,295.50	723.00		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
0.00	0.00	0.00	0.00	723.00	\$723.00

Customer Notes

10/17/2002

Notes for Customer: Job Dealer: Summit on Grand (Gore Creek)

Company: Dealer

Contact: Nick

Phone: 651-665-9472

5/22/01 msg.

6/04/01 msg for Tom

6/11/01 msg for Tom

7/11/01 msg for Tom - told them it was important! Tom cell (612-386-3583), will be sending a check to cover winter (\$1800) possibly next week.

8/08/01 msg for Tom on cell.

8/10/01 Tom left Meg a message that he will send check this weekend.

8/12/01 \$1597 rev'd

9/14/01 Tom will try to get another \$1000 to us soon.

10/15/01 msg for Tom

10/16/01 Hoping to get things cleaned up by the end of December - will be sending a check at the end of the week for \$2200 - HOLD chk until he calls to release funds (as soon as he has them- hopefully next Mon).

10/22/01 Tom called to see if check arrived. Said he actually sent only \$593.21 and will follow up with another \$1500 tomorrow. Went on and on about divorce and legal fees, etc.

10/24/01 rev'd \$593.21

11/08/01 Kevin Cox called to tell me about his conversation with Tom. Tom sent \$600 on monday, thinks his balance will be down to about 2k and will not be paying finance charges. His balance will be close to 3k plus about \$400 in finance charges. KC will go in and try to recover inventory and will keep us posted.

11/09/01 rev'd \$896.28

12/31/01 wrote off \$415.14 to Bad debt.

Agreement to send product plus \$900 to settle account. Sent payment of \$500, shorted product return by \$323, total due on acct is \$723.

6/06/02 msg for Tom

9/10/02 Have been sending statement and letters to try to collect past due balance for MONTHS. Have not been assessing finance charges.

10/15/02 Received Bankruptcy notice from District of Minnesota. Will file claim for outstanding \$723.00

12:45 PM

10/17/02

Cloudveil Mountain Works Customer QuickReport All Transactions

Type	Date	Num	Memo	Account	Clr	Split	Amount
Dealer							
Summit on Grand (Gore Creek)							
Invoice	7/30/1999	713		Accounts Receivable		-SPLIT-	1,056.40
Invoice	10/5/1999	1005	O#9-10114	Accounts Receivable		-SPLIT-	414.86
Invoice	10/6/1999	803	Rockmore	Accounts Receivable		-SPLIT-	250.12
Credit Memo	10/7/1999	859	Credit for two...	Accounts Receivable		-SPLIT-	-60.00
Invoice	10/13/1999	971	O#9-10114	Accounts Receivable		-SPLIT-	1,365.75
Invoice	11/1/1999	912		Accounts Receivable		-SPLIT-	181.75
Payment	11/9/1999	9416		Undeposited Funds	X	Accounts Rec...	1,056.40
Invoice	12/7/1999	1314	9-10114	Accounts Receivable		-SPLIT-	83.99
Invoice	12/8/1999	1230	O#9-10527	Accounts Receivable		-SPLIT-	264.32
Invoice	12/28/1999	1481	9-10722	Accounts Receivable		-SPLIT-	40.00
Credit Memo	12/28/1999	1483	RA#3011 Sta...	Accounts Receivable		-SPLIT-	-80.00
Invoice	12/29/1999	1118	RA#3011	Accounts Receivable		-SPLIT-	40.00
Payment	1/15/2000	7024		Undeposited Funds	X	Accounts Rec...	2,252.46
Payment	3/8/2000	5073		Undeposited Funds	X	Accounts Rec...	248.31
Invoice	4/4/2000	1408	9-11179	Accounts Receivable		-SPLIT-	1,700.33
Invoice	4/11/2000	1443	9-11179	Accounts Receivable		-SPLIT-	244.42
Invoice	4/19/2000	1469	9-11189	Accounts Receivable		-SPLIT-	755.11
Invoice	5/4/2000	1580	9-11391	Accounts Receivable		-SPLIT-	80.00
Inventory Adjust	5/30/2000	70-MA	Warranty repl...	Warranty & Returns		Paid Inventory	36.58
Payment	6/23/2000	5230		Undeposited Funds	X	Accounts Rec...	755.11
Invoice	9/18/2000	1874	9-11601 1ZE...	Accounts Receivable		-SPLIT-	2,854.51
Payment	10/3/2000	5387		Undeposited Funds	X	Accounts Rec...	324.42
Invoice	10/3/2000	2022	9-11601 ...	Accounts Receivable		-SPLIT-	562.95
Payment	11/11/2000	5438		Undeposited Funds	X	Accounts Rec...	1,700.33
Invoice	11/28/2000	2435	9-11601 1...	Accounts Receivable		-SPLIT-	1,597.06
Invoice	12/1/2000	2748	9-11601 1...	Accounts Receivable		-SPLIT-	200.02
Payment	1/5/2001	5523		Undeposited Funds	X	Accounts Rec...	562.95
Payment	3/19/2001	5607		Undeposited Funds	X	Accounts Rec...	1,000.00
Payment	4/6/2001	5621		Undeposited Funds	X	Accounts Rec...	1,854.51
Invoice	4/10/2001	3750	9-13844 287...	Accounts Receivable		-SPLIT-	3,396.28
Invoice	4/19/2001	3839	9-14475 296...	Accounts Receivable		-SPLIT-	33.21
Invoice	4/27/2001	3874	9-13844 307...	Accounts Receivable		-SPLIT-	174.99
Invoice	5/1/2001	FC 45	Finance Char...	Accounts Receivable		-SPLIT-	84.49
Invoice	5/5/2001	3951	9-13844 314...	Accounts Receivable		-SPLIT-	184.99
Invoice	6/1/2001	FC 109	Finance Char...	Accounts Receivable		-SPLIT-	27.69
Invoice	7/2/2001	FC 172	Finance Char...	Accounts Receivable		-SPLIT-	67.03
Invoice	8/1/2001	FC 229	Finance Char...	Accounts Receivable		-SPLIT-	52.47
Payment	8/12/2001	5740		Undeposited Funds	X	Accounts Rec...	1,597.06
Invoice	9/1/2001	FC 271	Finance Char...	Accounts Receivable		-SPLIT-	61.00
Invoice	10/1/2001	FC 287	Finance Char...	Accounts Receivable		-SPLIT-	59.03
Payment	10/24/2001	5792		Undeposited Funds	X	Accounts Rec...	593.21
Invoice	11/1/2001	FC 301	Finance Char...	Accounts Receivable		-SPLIT-	51.93
Payment	11/4/2001	5822		Undeposited Funds	X	Accounts Rec...	896.26
Discount	12/31/2001			Accounts Receivable		Bad Debt	-415.14
Payment	1/11/2002	5919		Undeposited Funds	X	Accounts Rec...	500.00
Credit Memo	2/15/2002	5358	Product retur...	Accounts Receivable		-SPLIT-	-1,295.50

Dealer Credit Application

FOR THE PURPOSE OF ESTABLISHING OPEN CREDIT TERMS AS AN AUTHORIZED CLOUDVEIL DEALER
PLEASE PROVIDE THE FOLLOWING INFORMATION

Business Name GORE (WELLS) CLOTHING CO.		DBA	Resale Number
Address 6730 Hennepin Ave S	City Minneapolis	State/Zip MN 55422	Phone 612 870 1811
Billing Address Same	City	State/Zip	Fax 612 810 9032

PLEASE SPECIFY ADDITIONAL SALES (SHIP TO) LOCATIONS OR ATTACH LISTING

Location Name	Address	City	State/Zip	Phone
1.	See Above			
2.				

Principal Owner Tom Dwyer	Home Address 5 Hennepin Ave	City/State/Zip Minneapolis, MN	Phone 612 386 3871
Other Owner	Home Address	City/State/Zip	Phone
Other Owner	Home Address	City/State/Zip	Phone

BANK REFERENCES/FINANCIAL INFORMATION

Bank Name	Address	City/State/Zip	Phone
Officer Name	Account Number	Credit Line Amount	
Rent _____ Own _____	Annual Sales 400k	Income	Profit
Date Business Established 8/2001	If new, indicate beginning capital	Business Form	
Do you have a prepared financial statement? Yes No Will Send (Date)			
Are there currently any judgements or proceedings against you? If yes, please explain.			
Have you ever filed for personal or business bankruptcy?			

TRADE REFERENCES: Please provide names and account numbers for six vendors from which you buy on open account.

1.	Acct#	4.	Acct#
2.	Acct#	5.	Acct#
3.	Acct#	6.	Acct#

Dealer Credit Application

THIS APPLICATION IS SUBJECT TO ACCEPTANCE OF THE TERMS AND CONDITIONS SET FORTH BELOW

This agreement is made at Jackson, Wyoming as of the date set forth below, by and between Cloudveil Mountain Works Inc. d/b/a Cloudveil, a Wyoming corporation doing business at 290 East Broadway, Jackson, Wyoming 83001 and the dealer named below (the "dealer"). Cloudveil and the Dealer therefore agree to the following terms and conditions upon which Cloudveil appoints the dealer as an authorized retailer of the products designated below.

Whereas, Cloudveil manufactures and distributes quality technical wear and accessories to specialty retailers for resale to retail customers.

Whereas the Dealer is engaged in the business of selling apparel and accessories to retail customers and desires to purchase for resale the products outlined below.

1. APPOINTMENT. Cloudveil is pleased to appoint the Dealer, and the Dealer agrees to serve upon the terms and conditions set forth in the agreement as a retail sales dealer of the products designated.

2. DEALER LOCATION. This Dealer Application and Agreement applies solely to the retail store(s) located at the address(es) listed herein. Retail sales are to be made only from such retail location(s). In the event additional retail locations under the same ownership are opened or acquired by the Dealer, the Dealer must submit to Cloudveil a separate Application for each additional location. Approval of this Application will not guarantee the approval by Cloudveil of additional retail sale location(s).

3. OBLIGATION OF DEALER TO PROMOTE SALES. In addition to satisfying its other obligations, the Dealer shall:

- Provide prompt and courteous service with respect to the sale of Cloudveil products.
- Aggressively encourage the retail sale of Cloudveil products.
- Designate an area to adequately merchandise and display Cloudveil products.
- Utilize and display the promotional and advertising materials provided by Cloudveil.
- Refrain from selling Cloudveil products through the mail, by catalog, or through any electronic means without prior written authorization by Cloudveil management.

4. TERMS AND CONDITIONS OF SALE. Payment for all Cloudveil goods sold on an open account will be due and payable pursuant to the terms and conditions stated on Cloudveil's Order Form or Invoice. The terms and conditions set forth in this agreement and any Cloudveil Order Form and invoice take precedence over any terms and conditions set forth on the Dealers Purchase Order or other similar document. Dealer shall pay a 1.5% finance charge for each month the account is past due. Dealer shall pay all costs, expenses, and reasonable attorneys' fees as Cloudveil may incur in collection of any sums past due.

5. TERMINATION OF AGREEMENT. This agreement may be terminated as follows:

- by either party to this agreement upon thirty days written notice.
- by Cloudveil, effective immediately in the event of breach by the dealer of any of the dealer's obligations under this agreement.
- by Cloudveil, effective immediately and without any requirement of notice, in the event that the dealer fails to pay its debts as such

debts become due, become insolvent, files or has filed against it a petition under applicable Bankruptcy and Insolvency laws.

6. RIGHTS AFTER TERMINATION. After termination of this agreement:

- All of the obligations under this agreement shall continue with respect to products owned or possessed by the Dealer, or thereafter received by the Dealer.
- The Dealer shall pay Cloudveil immediately for all products previously or thereafter delivered, regardless of the time of delivery and regardless of the terms of any agreement or payment previously made.
- Cloudveil shall have no obligation to deliver any products to the Dealer, whether or not orders received prior to termination remain unfilled.
- Neither Cloudveil nor the dealer shall be liable to the other for damages of any kind, including incidental or consequential damages, on the account of termination of this agreement for any reason whatsoever.

7. NOTICE. Any notice under this agreement shall be in writing and shall be hand delivered or sent by first class mail to the addresses set forth in this agreement or other such addresses as may be designated in writing from time to time. All notices shall be deemed effective when delivered or three days after mailing.

8. DISPUTES. This agreement shall be governed by the laws of the state of Wyoming. Any controversy or claim arising out of or relating to this agreement shall be submitted by the parties to binding arbitration in Jackson, Wyoming, pursuant to the rules of the American Arbitration Association.

9. REJECTION OF ORDERS. Cloudveil will give careful consideration to each order received from a dealer, but shall have the right to accept or reject each order as received.

DEALER SIGNATURE:

[Handwritten Signature]

Date: 3-7-99

CLOUDVEIL REPRESENTATIVE SIGNATURE:

[Handwritten Signature]

Date: 16 April 99

CLOUDVEIL MANAGEMENT SIGNATURE:

Date: _____

This application and agreement shall have no force or effect until they have been approved in writing by Cloudveil. Acceptance of this agreement does not guarantee open credit terms.



Gore Creek Clothing Co.
2735 Hennepin Ave. South
Minneapolis, MN 55408
Thomas Dwyer Owner

Credit References

PATAGONIA 1-800-866-4595 Account Number 35751
8550 White Fir Street
Reno, NV 89533

The North Face 1-800-447-2333 Account Number 30692
2013 Farallon Drive
San Leandro, CA 94577

Mountain Hardwear 1-800-330-6800 Account Number 70150
950 Gilman St.
Berkeley, CA 94710

Bank: Norwest Bank Minnesota
Laurie Paal (612) 667-2750



Post Office Box 11810 Jackson, WY. 83002
290 East Broadway Jackson, WY. 83001
Phone: 307-734-3880
FAX: 307-739-8576

Credit Reference Request

Date: 4.1.99

To: MTN HARDWEAR
AM CREDIT DEPT.
510.524.5026

Re: GOOSE CREEK Clothing
MINNEAPOLIS, MN
Acct # 70150

The above referenced customer referred us to you for credit information. We would appreciate you providing any information that would help us assess the credit worthiness of this customer. Please be assured that any information you give us will be held in strict confidence. If we can be of any assistance to you in credit matters, please feel free to contact us. Thank you in advance for your help.

Cloudveil Credit Department

Credit Experience

Sold Since: 10/17/95
Recent High Credit: 8,878-
Present Balance: 3,655-
Refused shipments? _____
Maintenance? _____
Additional Comments: _____

Terms of Sale: gross net 30
Any NSF Checks? _____
Slow Payments? _____
Dispute Delivery? _____
Recent Payment Trend _____

Over-all Record: Prompt _____ Good _____ Average Poor _____

Please feel free to include any other information you feel is important in evaluating this customer.

Please fax this form back to us once it has been completed.
Thank you for responding in a timely manner.



Post Office Box 11810 Jackson, WY. 83002
 290 East Broadway Jackson, WY. 83001
 Phone: 307-734-3880
 FAX: 307-739-8576

Credit Reference Request

Date: 4.1.99

To: Patagonia
ATTN: SUSAN - CREDIT
805-643-5108

Re: GOKE CREEK CLOTHING
Minneapolis, MN 55408
Acct # 35951

The above referenced customer referred us to you for credit information. We would appreciate you providing any information that would help us assess the credit worthiness of this customer. Please be assured that any information you give us will be held in strict confidence. If we can be of any assistance to you in credit matters, please feel free to contact us. Thank you in advance for your help.

Cloudveil Credit Department

Credit Experience

Sold Since: 1989
 Recent High Credit: \$75,000
 Present Balance: \$19,633
 Refused shipments? _____
 Maintenance? _____
 Additional Comments: _____

Terms of Sale: 5% 30 net 45
 Any NSF Checks? _____
 Slow Payments? _____
 Dispute Delivery? _____
 Recent Payment Trend _____

Over-all Record: Prompt Good _____ Average _____ Poor _____

Please feel free to include any other information you feel is important in evaluating this customer.

Please fax this form back to us once it has been completed.
 Thank you for responding in a timely manner.



P.O. Box 11810
 155 East Pearl Avenue
 Jackson, WY 83001

Invoice

DATE	INVOICE #
4/10/2001	3760

BILL TO
Summit on Grand 867 Grand Avenue Saint Paul, MN 55105

SHIP TO
Summit on Grand 867 Grand Avenue Saint Paul, MN 55105

P.O. NO.	TERMS	REP	SHIP DATE	SHIP VIA
SPRING	NET60	ARF	4/10/2001	UPS

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
S1-3154FBLG	W's Veiled Peak Jacket-French Blue-LG	1	85.00	85.00T
S1-3154FBMD	W's Veiled Peak Jacket-French Blue-MD	1	85.00	85.00T
S1-3154FBSM	W's Veiled Peak Jacket-French Blue-SM	1	85.00	85.00T
S1-3129KH LG	Cool Short-Khaki-LG	2	24.00	48.00T
S1-3129KH MD	Cool Short-Khaki-MD	2	24.00	48.00T
S1-3129KH SM	Cool Short-Khaki-SM	1	24.00	24.00T
S1-3129KH XL	Cool Short-Khaki-XL	1	24.00	24.00T
S1-3125BK LG	Veiled Peak Jacket-Black-LG	1	85.00	85.00T
S1-3125BK MD	Veiled Peak Jacket-Black-MD	1	85.00	85.00T
S1-3125BK SM	Veiled Peak Jacket-Black-SM	1	85.00	85.00T
S1-3125BK XL	Veiled Peak Jacket-Black-XL	1	85.00	85.00T
S1-3129AS LG	Cool Short-Dark Ash-LG	2	24.00	48.00T
S1-3129AS MD	Cool Short-Dark Ash-MD	2	24.00	48.00T
S1-3129AS SM	Cool Short-Dark Ash-SM	1	24.00	24.00T
S1-3129AS XL	Cool Short-Dark Ash-XL	1	24.00	24.00T
S1-3156KH 06	W's Cool Short-Khaki-6	1	24.00	24.00T
S1-3156KH 08	W's Cool Short-Khaki-8	1	24.00	24.00T
S1-3156KH 10	W's Cool Short-Khaki-10	1	24.00	24.00T
S1-3050IC LG	W's Serendipity Jacket-Ice Blue-LG	1	125.00	125.00T
S1-3050IC MD	W's Serendipity Jacket-Ice Blue-MD	2	125.00	250.00T
S1-3050IC SM	W's Serendipity Jacket-Ice Blue-SM	1	125.00	125.00T
S1-3130AS LG	Cool Pant-Dark Ash-LG	1	35.00	35.00T
S1-3130AS MD	Cool Pant-Dark Ash-MD	1	35.00	35.00T
S1-3130AS SM	Cool Pant-Dark Ash-SM	1	35.00	35.00T
S1-3130AS XL	Cool Pant-Dark Ash-XL	1	35.00	35.00T
S1-3157KH 06	Traverse Skirt-Khaki-6	1	45.00	45.00T
S1-3157KH 08	Traverse Skirt-Khaki-8	1	45.00	45.00T
S1-3157KH 10	Traverse Skirt-Khaki-10	1	45.00	45.00T

Thanks for your order!

Total



P.O. Box 11810
155 East Pearl Avenue
Jackson, WY 83001

Invoice

DATE	INVOICE #
4/10/2001	3760

BILL TO
Summit on Grand 867 Grand Avenue Saint Paul, MN 55105

SHIP TO
Summit on Grand 867 Grand Avenue Saint Paul, MN 55105

P.O. NO.	TERMS	REP	SHIP DATE	SHIP VIA
SPRING	NET60	ARF	4/10/2001	UPS

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
S1-3157KH12	Traverse Skirt-Khaki-12	1	45.00	45.00T
S1-3157KH14	Traverse Skirt-Khaki-14	1	45.00	45.00T
S1-3157NN14	Traverse Skirt-Not Navy-14	1	45.00	45.00T
S1-3156AS06	W's Cool Short-Dark Ash-6	1	24.00	24.00T
S1-3156AS08	W's Cool Short-Dark Ash-8	2	24.00	48.00T
S1-3156AS10	W's Cool Short-Dark Ash-10	2	24.00	48.00T
S1-3156AS12	W's Cool Short-Dark Ash-12	1	24.00	24.00T
S1-3156AS14	W's Cool Short-Dark Ash-14	1	24.00	24.00T
S1-3126BLLG	Veiled Peak Anorak-Deep Blue-LG	1	95.00	95.00T
S1-3126BLMD	Veiled Peak Anorak-Deep Blue-MD	1	95.00	95.00T
S1-3126BLSM	Veiled Peak Anorak-Deep Blue-SM	1	95.00	95.00T
S1-3126BLXL	Veiled Peak Anorak-Deep Blue-XL	1	95.00	95.00T
S1-3053SKLG	W's Cirque Shell-Sky Blue-LG	1	42.50	42.50T
S1-3053SKMD	W's Cirque Shell-Sky Blue-MD	2	42.50	85.00T
S1-3053SKSM	W's Cirque Shell-Sky Blue-SM	1	42.50	42.50T
S1-3020BPLG	Cirque Anorak-Blueplum-LG	1	52.50	52.50T
S1-3020BPMD	Cirque Anorak-Blueplum-MD	1	52.50	52.50T
S1-3020BPMSM	Cirque Anorak-Blueplum-SM	1	52.50	52.50T
S1-3020SBLG	Cirque Anorak-Smokey Blue-LG	1	52.50	52.50T
S1-3020SBMD	Cirque Anorak-Smokey Blue-MD	1	52.50	52.50T
S1-3020SBSM	Cirque Anorak-Smokey Blue-SM	1	52.50	52.50T
S1-3020SBXL	Cirque Anorak-Smokey Blue-XL	1	52.50	52.50T
S1-3153FBLLG	W's Veiled Peak Vest-French Blue-LG	1	50.00	50.00T
S1-3153FBMD	W's Veiled Peak Vest-French Blue-MD	1	50.00	50.00T
S1-3153FBMSM	W's Veiled Peak Vest-French Blue-SM	1	50.00	50.00T
F0-6002BK	Tech Ballcap-Black	6	9.50	57.00
S1-6001KH	Logo Ballcap-Khaki	6	9.50	57.00T
S1-6001NY	Logo Ballcap-Navy	12	9.50	114.00T
S1-6001OR	Logo Ballcap-Orange	6	9.50	57.00T

Thanks for your order!

Total



P.O. Box 11810
 155 East Pearl Avenue
 Jackson, WY 83001

Invoice

DATE	INVOICE #
4/10/2001	3760

BILL TO
Summit on Grand 867 Grand Avenue Saint Paul, MN 55105

SHIP TO
Summit on Grand 867 Grand Avenue Saint Paul, MN 55105

P.O. NO.	TERMS	REP	SHIP DATE	SHIP VIA
SPRING	NET60	ARF	4/10/2001	UPS

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Shipping	Outbound shipping & handling charges Out-of-state sale, exempt from sales tax	1	10.78 0.00%	10.78 0.00

Thanks for your order!

Total \$3,396.28



155 PEARL STREET
JACKSON, WY 83001

04/10/01 1711
P. D. # SPRING
TERMS: NET 60
TO 1147

*** PICKING TICKET ***

PAGE 1
BHC ORDER # 9-13844

SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP TO SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP VIA: UPS COMMERCIAL

PULLED BY

CHECKED BY

PACKED BY

REPRINT ***** REPRINT ***** REPRINT *****

LNE PART#	DESCRIPTION	QTY	SHIP	B/O	REF	WGHT	ZONE
ACC S1-6002BL	TECH BALLCAP	6	0	6	69	0.000	
TET S1-BUNDLE	CATALOG IN 25	1	1	0	72	0.000	50013
VPK S1-3154FBLG	W'S VEILED PE	1	1	0	21	0.000	50016
VPK S1-3154FBMD	W'S VEILED PE	1	1	0	20	0.000	50016
VPK S1-3154FBSM	W'S VEILED PE	1	1	0	19	0.000	50016
CIR S1-3129KHLG	COOL SHORTS K	2	2	0	49	0.000	50023
CIR S1-3129KHMD	COOL SHORTS K	2	2	0	48	0.000	50023
CIR S1-3129KHSM	COOL SHORTS K	1	1	0	47	0.000	50023
CIR S1-3129KHXL	COOL SHORTS K	1	1	0	50	0.000	50023
VPK S1-3125BKLG	VEILED PEAK J	1	1	0	17	0.000	50026
VPK S1-3125BKMD	VEILED PEAK J	1	1	0	16	0.000	50026
VPK S1-3125BKSM	VEILED PEAK J	1	1	0	15	0.000	50026

*** CONTINUED ***

Please call 1-888-763-5969 for return authorization and return shipping instructions
Shipping discrepancies must be reported within 15 working days



155 PEARL STREET
JACKSON, WY 83001

04/10/01 1711
P. O. # SPRING
TERMS: NET 60
TO 1147

*** PICKING TICKET ***

PAGE 2
BHC ORDER # 9-13844

SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP TO SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP VIA: UPS COMMERCIAL

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LINE PART#	DESCRIPTION	QTY	SHIP	B/O	REF	WGHT	ZONE
VPK S1-3125BKXL	VEILED PEAK J	1	1 ✓	0	18	0.000	50026
CIR S1-3129ASLG	COOL SHORTS A	2	2 ✓	0	45	0.000	50027
CIR S1-3129ASMD	COOL SHORTS A	2	2 ✓	0	44	0.000	50027
CIR S1-3129ASSM	COOL SHORTS A	1	1 ✓	0	43	0.000	50027
CIR S1-3129ASXL	COOL SHORTS A	1	1 ✓	0	46	0.000	50027
CIR S1-3156KH06	W'S COOL SHOR	1	1 ✓	0	60	0.000	50028
CIR S1-3156KH08	W'S COOL SHOR	1	1 ✓	0	61	0.000	50028
CIR S1-3156KH10	W'S COOL SHOR	1	1 ✓	0	62	0.000	50028
TET S1-3050ICLG	W'S SERENDIP	1	1 ✓	0	03	0.000	50084
TET S1-3050ICMD	W'S SERENDIP	2	2 ✓	0	02	0.000	50084
TET S1-3050ICSM	W'S SERENDIP	1	1 ✓	0	01	0.000	50084
CIR S1-3130ASLG	COOL PANTS DA	1	1 ✓	0	53	0.000	51015

*** CONTINUED ***

Please call 1-888-763-5969 for return authorization and return shipping instructions
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155 PEARL STREET
JACKSON, WY 83001

04/10/01 1711
P. O. # SPRING
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BHC ORDER # 9-13844 PAGE 3

SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP TO SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP VIA: UPS COMMERCIAL

PULLED BY

CHECKED BY

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REPRINT ***** REPRINT ***** REPRINT *****

LINE PART#	DESCRIPTION	QTY	SHIP	B/O	REF	WGHT	ZONE
CIR S1-3130ASMD	COOL PANTS DA	1	1 ✓	0	52	0.000	51015
CIR S1-3130ASSM	COOL PANT DAR	1	1 ✓	0	51	0.000	51015
CIR S1-3130ASXL	COOL PANTS DA	1	1 ✓	0	54	0.000	51015
MAV S1-3157KH06	W'S TRAVERSE	1	1 ✓	0	33	0.000	51016
MAV S1-3157KH08	W'S TRAVERSE	1	1 ✓	0	34	0.000	51016
MAV S1-3157KH10	W'S TRAVERSE	1	1 ✓	0	35	0.000	51016
MAV S1-3157KH12	W'S TRAVERSE	1	1 ✓	0	36	0.000	51016
MAV S1-3157KH14	W'S TRAVERSE	1	1 ✓	0	37	0.000	51016
MAV S1-3157NN06	W'S TRAVERSE	1	0	1	38	0.000	51026
MAV S1-3157NN08	W'S TRAVERSE	2	0	2	39	0.000	51026
MAV S1-3157NN10	W'S TRAVERSE	2	0	2	40	0.000	51026
MAV S1-3157NN12	W'S TRAVERSE	2	0	2	41	0.000	51026

*** CONTINUED ***

Please call 1-888-763-5969 for return authorization and return shipping instructions
Shipping discrepancies must be reported within 15 working days



155 PEARL STREET
JACKSON, WY 83001

04/10/01 1711
P. O. # SPRING
TERMS: NET 60
TO 1147

*** PICKING TICKET ***

BHC ORDER # 9-13844
PAGE 4

SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP TO SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP VIA: UPS COMMERCIAL PULLED BY CHECKED BY PACKED BY

REPRINT ***** REPRINT ***** REPRINT

LINE PART#	DESCRIPTION	QTY	SHIP	B/O	REF	WGHT	ZONE
MAV S1-3157NN14	W'S TRAVERSE	1	1 ✓	0	42	0.000	51026
CIR S1-3156AS06	W'S COOL SHDR	1	1 ✓	0	55	0.000	51045
CIR S1-3156AS08	W'S COOL SHDR	2	2 ✓	0	56	0.000	51045
CIR S1-3156AS10	W'S COOL SHDR	2	2 ✓	0	57	0.000	51055
CIR S1-3156AS12	W'S COOL SHDR	1	1 ✓	0	58	0.000	51055
X CIR S1-3156AS12	W'S COOL SHDR	0	0	0	63	0.000	51055
CIR S1-3156AS14	W'S COOL SHDR	1	1 ✓	0	59	0.000	51055
X CIR S1-3156AS14	W'S COOL SHDR	0	0	0	64	0.000	51055
VPK S1-3126BLLG	VEILED PEAK A	1	1 ✓	0	24	0.000	51067
VPK S1-3126BLMD	VEILED PEAK A	1	1 ✓	0	23	0.000	51067
VPK S1-3126BLSM	VEILED PEAK A	1	1 ✓	0	22	0.000	51067
VPK S1-3126BLXL	VEILED PEAK A	1	1 ✓	0	25	0.000	51067

Duplicate

Duplicates

*** CONTINUED ***

Please call 1-888-763-5959 for return authorization and return shipping instructions
Shipping discrepancies must be reported within 15 working days



155 PEARL STREET
JACKSON, WY 83001

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P. O. # SPRING

*** PICKING TICKET ***

BHC ORDER # 9-13844

TERMS: NET 60

TO 1147

SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP TO SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP VIA: UPS COMMERCIAL

PULLED BY

CHECKED BY

PACKED BY

REPRINT ***** REPRINT ***** REPRINT

LINE PART#	DESCRIPTION	QTY	SHIP	B/O	REF	WGHT	ZONE
CIR S1-3053SKLG	W'S CIRQUE SH	1	1 ✓	0	06	0.000	51078
CIR S1-3053SKMD	W'S CIRQUE SH	2	2 ✓	0	05	0.000	51078
CIR S1-3053SKSM	W'S CIRQUE SH	1	1 ✓	0	04	0.000	51078
ACC S1-5106KH	SNAKE RIVER V	12	0	12	66	0.000	51084
ACC S1-5106NY	SNAKE RIVER V	12	0	12	65	0.000	51084
CIR S1-3020BPLG	CIRQUE ANDRAK	1	1 ✓	0	09	0.000	51098
CIR S1-3020BPMD	CIRQUE ANDRAK	1	1 ✓	0	08	0.000	51098
CIR S1-3020BPSM	CIRQUE ANDRAK	1	1 ✓	0	07	0.000	51098
CIR S1-3020BPXL	CIRQUE ANDRAK	1	0	0	10	0.000	51098
CIR S1-3020SBLC	CIRQUE ANDRAK	1	1 ✓	0	13	0.000	51118
CIR S1-3020SBMD	CIRQUE ANDRAK	1	1 ✓	0	12	0.000	51118
CIR S1-3020SBSM	CIRQUE ANDRAK	1	1 ✓	0	11	0.000	51118

*** CONTINUED ***

Please call 1-888-763-5969 for return authorization and return shipping instructions
Shipping discrepancies must be reported within 15 working days



155 PEARL STREET
JACKSON, WY 83001

04/10/01 1711

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P. O. # SPRING

*** PICKING TICKET ***

BHC

ORDER # 9-13844

TERMS: NET 60

TO 1147

SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP TO SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP VIA: UPS COMMERCIAL

PULLED BY

CHECKED BY

PACKED BY

REPRINT ***** REPRINT ***** REPRINT

LINE	PART#	DESCRIPTION	QTY	SHIP	B/O	REF	WGHT	ZONI
CIR	S1-3020SBXL	CIRQUE ANDRAK	1	1	0	14	0.000	51118
VPK	S1-3153FBLG	W'S VEILED PE	1	1	0	28	0.000	51127
VPK	S1-3153FBMD	W'S VEILED PE	1	1	0	27	0.000	51127
VPK	S1-3153FBSM	W'S VEILED PE	1	1	0	26	0.000	51127
MAV	S1-3103KH32	MAVERICK SHOR	1	0	1	29	0.000	51167
MAV	S1-3103KH34	MAVERICK SHOR	1	0	1	30	0.000	51167
MAV	S1-3103KH36	MAVERICK SHOR	1	0	1	31	0.000	51167
MAV	S1-3103KH38	MAVERICK SHOR	1	0	1	32	0.000	51167
ACC	S1-6002BK	TECH BALLCAP	6	6	0	70	0.000	51176
ACC	S1-6001KH	LOGO BALLCAP	6	6	0	67	0.000	51184
ACC	S1-6001NY	LOGO BALLCAP	12	12	0	68	0.000	51184
ACC	S1-6001DR	LOGO BALLCAP	6	6	0	71	0.000	51184

*** CONTINUED ***

Please call 1-838-763-5969 for return authorization and return shipping instructions
Shipping discrepancies must be reported within 15 working days



155 PEARL STREET
JACKSON, WY 83001

04/10/01 1711

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P. O. # SPRING

*** PICKING TICKET ***

BHC ORDER # 9-13844

TERMS: NET 60

TO 1147

SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP TO SUMMIT ON GRAND
867 GRAND AVENUE
SAINT PAUL, MN 55105

SHIP VIA: UPS COMMERCIAL

PULLED BY

CHECKED BY

PACKED BY

REPRINT ***** REPRINT ***** REPRINT

LINE PART#	DESCRIPTION	QTY	SHIP	B/O	REF	WGHT	ZON

*** END OF PICKING TICKET ***

Total Freight.: \$18.78

TRACKING NUMBERS:
1ZE572140300028739

Please call 1-888-763-5969 for return authorization and return shipping instructions
Shipping discrepancies must be reported within 15 working days

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)		PROOF OF CLAIM
Name of Debtor THOMAS ALAN DWYER	Case Number 02-32917	
Name of Creditor (The person or other entity to whom the debtor owes money or property): GATES MILLS INC. Name and Address where notices should be sent: GATES MILLS INC. HARRISON STREET PO BOX 547 JOHNSTOWN NY 12095	<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:	Account or other number by which creditor identifies debtor: 583325	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: Dec. 2001 / Jan. 2002		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <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.		\$ 846.59
5. Secured Claim. <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. Unsecured Priority Claim. <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. 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 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101 
Date 10-31-02	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): Elizabeth Camarero, Secy Elizabeth Camarero	
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.		

SB3325 SUMMIT ON GRAND
867 GRAND AVE

Normal Terms: B NET 30

Salesman: 79 WILDERNESS SALES, INC.

ST. PAUL MN 55105

EXEMPT FROM STATEMENTS

BANKRPT-DD NOT USE

TOM DWYER/DWNER ELLEN/CONTACT 65;-645-9972 FILED CHAPTER 7 ON 8/16/02

Batch Type	Date	Number	Reference#	Term	Due	FUTURE-CURRENT	31-60	61-90	OVER 90
1592 IN	12/12/2001	01-030921	09969	B	01/12/2002				200.85
1592 IN	12/12/2001	01-030922	09969	B	01/12/2002				419.00
B7 IN	01/23/2002	02-001030	00465	B	02/23/2002				226.74

(SCREEN PAGE 1)

AUTOMATIC BILLING

AUTOMATIC BILLING

AUTOMATIC BILLING

***** TOTAL AMOUNT: 846.59 *****
 ** 846.59 **

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)**

PROOF OF CLAIM

Name of Debtor
THOMAS ALAN DWYER
(Summit on Grand)

Case Number
02-32917

RECEIVED
 02 OCT 28 AM 10:19
 U.S. BANKRUPTCY COURT
 ST. PAUL, MN

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):
HOT CHILLYS
Name and Address where notices should be sent:
**HOT CHILLYS
4145 SANTA FE RD 1
SAN LUIS OBISPO CA 93401**

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.

Account or other number by which creditor identifies debtor:
Acct # 19323

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

1. Basis for Claim
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other _____

Retiree benefits as defined in 11 U.S.C. §1114(a)
 Wages, salaries, and compensation (fill out below)
 Your SS #: _____
 Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred: *1-9-01*

3. If court judgment, date obtained: *18*

4. Total Amount of Claim at Time Case Filed: *\$ 114,99*
 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
 Check this box if your claim is secured by collateral (including a right of setoff).
 Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____
 Value of Collateral: \$ _____
 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim
 Amount entitled to priority \$ _____
 Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
 Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
 Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
 *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:
 U.S. BANKRUPTCY COURT
 200 U.S. COURTHOUSE
 316 NORTH ROBERT STREET
 ST. PAUL, MN 55101

Date: *10/7/02*
 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): *Guy N. Wells 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.

ACCTING
DETAIL

PERFORMANCE APPAREL
ACCOUNT INQUIRY

2/10/07
CM3 - RETURN
CM5 - LAST REC

CUSTOMER : 19323 SUMMIT ON GRAND

STORE : 00000

APPLY TO	DOC NO	F	D	T	DOC MDY	DUE MDY	AMOUNT	DISCOUNT	TOTAL AMT	
202635	202635	0	I		10/06/00	1/09/01	2331.04	^{orig} Invoice .00	2331.04	22
202635	039729	0	A		3/29/02	3/29/02	134.79	.00	134.79	
202635	049947	0	A		4/25/02	4/25/02	144.99	Interest .00	144.99	
202635	049738	0	A		4/30/02	4/30/02	134.79	.00	134.79	
202635	09815	0	A		7/25/02	7/25/02	1144.99	.00	1144.99	
202635	5666	0	P		5/18/01	1/09/01	331.04	-pmt .00	331.04	
202635	5731	0	P		7/23/01	1/09/01	400.00	-pmt .00	400.00	
202635	5766	0	P		8/20/01	1/09/01	400.00	-pmt .00	400.00	
202635	202635	0	P		12/31/01	1/09/01	200.00	-pmt .00	200.00	

Balance Due by customer
Wrote off to Bad Debt
on our receivables
but still due.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In the Matter of:

DWYER, THOMAS ALAN

Bky. Case No. 02-32917

Debtor.

UNSWORN CERTIFICATE OF SERVICE

I, Joeline Kissinger, declare under penalty of perjury that on the 11th day of August, 2004, I mailed a copy of the attached **Notice Of Hearing And Objection To Proof Of Claims Numbered 1, 2, 3, 5, 6, 7, 9, 10, 13, 14, and 20 and Proposed Order** by first class mail postage prepaid to each entity named below or on the statement attached at the address stated below or in said attachment for each entity:

Thomas H. Olive Esq.
5270 W. 84th St. #300
Bloomington, MN 55437

United States Trustee
1015 United States Courthouse
300 South Fourth Street
Minneapolis, MN 55415

Thomas Alan Dwyer
5 Meadow Lane
White Bear Lake, MN 55110-1404

Adventure 16
Officer or Managing Agent
4620 Alvarado Canyon Road
San Diego, CA 92120-4306

Fletcher Ltd.
Officer or Managing Agent
P.O. Box S8
Georges Mills, NH 03751

Icelandic Design
Officer or Managing Agent
473 Main Street 100
Longmont, CO 80501

Wolky
Officer or Managing Agent
6121 S. Kyrene Road 102
Tempe, AZ 85283

Asolo USA
Officer or Managing Agent
190 Hanover Street
Lebanon, NH 03766

Reef Sandals
Officer or Managing Agent
9660 Chesapeake Drive
San Diego, CA 92123

Kavu Inc.
Officer or Managing Agent
1050 W. Ewing Street
Seattle, WA 98119

Fox River Mills, Inc.
Officer or Managing Agent
P.O. Box 60795
St. Louis, MO 63160

St. Moritz Watch Corp.
Officer or Managing Agent
1140 West 7th Ave.
Vancouver BC V6H1B4
Canada

Cloudveil Mountainworks
Officer or Managing Agent
P.O. Box 11810
155 E Pearl Ave.
Jackson, WY 83002-1810

Gates Mills, Inc
Officer or Managing Agent
Harrison Street P.O. Box 547
Johnstown, NY 12095

Executed on this 11th day of August, 2004.


Joeline Kissinger

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In Re: DWYER, THOMAS ALAN

Chapter 7
Bky. Case No. 02-32917

Debtor

ORDER DISALLOWING CLAIMS NUMBERED
1, 2, 3, 5, 6, 7, 9, 10, 13, 14, and 20

The above-entitled matter came on for hearing before the undersigned Bankruptcy Judge, upon the Trustee's Objection to allowance of Claims Numbered 1, 2, 3, 5, 6, 7, 9, 10, 13, 14, and 20 filed by Adventure 16, Fletcher Ltd., Icelandic Design, Wolky, Asolo USA, Reef Sandals, Kavu Inc., Fox River Mills Inc., St. Moritz Watch Corp., Cloudveil Mountainworks, and Gates Mills Inc.

Appearances were noted on the record.

Upon said objection, and all the files, records and proceedings herein,
IT IS HEREBY ORDERED:

1. That claim No. 1 filed by Adventure 16 in the amount of \$500.00 is disallowed.
2. That claim No. 2 filed by Fletcher Ltd. in the amount of \$1,310.92 is disallowed.
3. That claim No. 3 filed by Icelandic Design in the amount of \$2,715.77 is disallowed.
4. That claim No. 5 filed by Wolky in the amount of \$1,513.26 is disallowed.
5. That claim No. 6 filed by Asolo USA in the amount of \$2,022.25 is disallowed.
6. That claim No. 7 filed by Reef Sandals in the amount of \$71.48 is disallowed.
7. That claim No. 9 filed by Kavu, Inc. in the amount of \$3,405.06 is disallowed.
8. That claim No. 10 filed by Fox River Mills Inc. in the amount of \$1,000.00 is disallowed.
9. That claim No. 13 filed by St. Moritz Watch Corp. in the amount of \$480.50 is disallowed.
10. That claim No. 14 filed by Cloudveil Mountainworks in the amount of \$723.00 is disallowed.
11. That claim No. 20 filed by Gates Mills, Inc. in the amount of \$846.59 is disallowed.

Dated: _____

By the Court

Dennis D. O'Brien
United States Bankruptcy Judge