

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
THIRD DIVISION**

In Re: Bankruptcy 04-30692
Chapter 7 Case

Peter & Jeanne Genovese,

Debtor.

**NOTICE OF HEARING AND OBJECTION
TO CREDITOR'S CLAIM NOS. 4, 5, 7 & 11**

NOTICE IS HEREBY GIVEN THAT:

Michael J. Iannacone, Trustee of the above named Debtor's bankruptcy estate, respectfully moves the Court for the relief requested below and gives notice of hearing.

1. A hearing will be held in Courtroom 228B, United States Courthouse, 316 North Robert Street, St. Paul, Minnesota, on the 29th day of November, 2004 at 2:00 p.m., on the Trustee's Objection to Claim Nos . 4, 5, 7 and 11 of K & K Mobile Storage, Kathy Krediet, Corp. Benefit Administrators, Inc. and Ed Daniels.
2. That any responsive papers shall be delivered not later than November 22, 2004, which is seven (7) days prior to the hearing set forth above or, if served by mail, not later than November 19, 2004, which is ten (10) days prior to the hearing date set forth above. **IF NO RESPONSE TO THIS MOTION IS TIMELY FILED, THE COURT MAY GRANT THE MOTION BY DEFAULT AND WITHOUT A HEARING.**
3. This Court has jurisdiction over this matter pursuant to 28 U.S.C. § 157 and 1334, 11 U.S.C. §§ 502, 503 and 726, Bankruptcy Rules 3007, 9013 and 9014 and Local Rules 3007-1, 9006-1 and 9013-1 to 9013-3. This is a core proceeding. The petition

commencing this Chapter 7 case was filed on February 9, 2004. The case is now pending in this Court.

4. That, Michael J. Iannacone, is the trustee for the bankruptcy estate of the debtor(s) above named.
5. Trustee objects to the claim of K & K Mobile Storage in the amount of \$1,281.20, the claim of Kathy Krediet in the amount of \$3,696.07, the claim of Corp. Benefit Administrators, Inc. in the amount of \$2,313.77 and the claim of Ed Daniels in the amount of \$8,000.00. A copy of each proof of claim is attached hereto and incorporated herein.
6. That the Trustee objects to the claims listed above because each claimant is against Soy Candle Farm, Inc., and not against the individuals, Jeanne Ann or Peter Jason Genovese. Trustee has requested that creditors provide copies of personal guarantees, if available, and the creditors have failed to provide such documentation. Each creditor has failed to establish any claim against either debtor.
7. With regard to Claim No. 7, Corp. Benefit Administrators, Inc., fees related to the 401(k) plan are payable out of the plan.
8. If Claimant desires to present testimony to the Court, be advised that the Court may treat the hearing scheduled above as a scheduling conference and set the matter on for a subsequent date for a full evidentiary hearing.
9. That in the event testimony is necessary, Trustee may testify individually as well as call the claimant or representative of claimant for cross examination pursuant to Federal Rules of Civil Procedure.

WHEREFORE, Trustee requests that each Claimant's claim as listed below be disallowed:

<u>Claim No.</u>	<u>Creditor</u>	<u>Amount</u>
4	K & K Mobile Storage	\$1,281.20
5	Kathy Krediet	\$3,696.07
7	Corp. Benefits Administrators, Inc.	\$2,313.77
11	Ed Daniels	\$8,000.00

Dated: October 27, 2004

/e/ Michael J. Iannacone
Michael J. Iannacone, #48719
Attorney for Trustee
8687 Eagle Point Blvd.
Lake Elmo, MN 55042
(651) 224-3361
(651) 297-6187 Fax

Verification. I, Michael J. Iannacone, the moving party named in the foregoing notice of hearing and motion, declare under penalty of perjury that the foregoing is true and correct according to the best of my knowledge, information and belief.

Dated: October 27, 2004

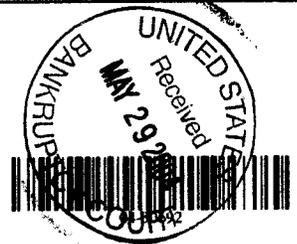
/e/ Michael J. Iannacone

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

PROOF OF CLAIM

Name of Debtor Soy Candle Farm
Peter Jason Genovese

Case Number
04-30692



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):
K&K MOBILE STORAGE

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



Name and Address where notices should be sent:

K&K MOBILE STORAGE
PO BOX 164
NORTH SIOUX CITY IA 57049-0164

THIS SPACE IS FOR COURT USE ONLY

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)
Last four digits of SS #: _____
- Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. Date debt was incurred: 12/12/2002

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1281.20
(unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

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

Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____

Value of Collateral: \$ _____

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

7. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
 Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
 Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
**Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Unsecured Nonpriority Claim \$ 1281.20
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

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

Send claims to:

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

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

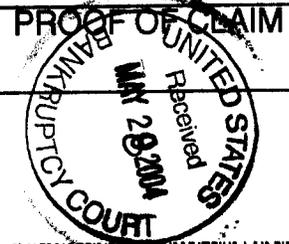
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date
5-26-04

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

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)



Name of Debtor Soy Candle Farm
Peter Jason Genovese

Case Number
04-30692

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):
KATHY KREDIET

- 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.



Handwritten signature/initials

Name and Address where notices should be sent:

KATHY KREDIET
150 FIRETHORNE TRAIL
NORTH SIOUX CITY SD 57049-5200

Telephone Number:

THIS SPACE IS FOR COURT USE ONLY

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)
Last four digits of SS #: _____
- Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. Date debt was incurred: 6/4/2002

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 3696.07
(unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

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

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

Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____

Value of Collateral: \$ _____

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

7. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
 Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
 Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
**Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Unsecured Nonpriority Claim \$ 3696.07
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

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

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

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

Send claims to:
U.S. Bankruptcy Court
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): Kathy Krediet 5/28/04

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
*Peter Jason Genovese
Jeanne Ann Genovese*

Case Number
04-30692

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):
CORP BENEFIT ADMINISTRATORS INC

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

Name and Address where notices should be sent:

CORP BENEFIT ADMINISTRATORS INC
43 MAIN STREET SE
MINNEAPOLIS MN 55414-1029

Telephone Number: *(612) 331-3736*

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

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
00-0007014

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

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

2. Date debt was incurred:
Various

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: *\$2,313.77* (unsecured) (secured) (priority) *2,313.77* (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

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

Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____

Value of Collateral: \$ _____

7. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
 Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
**Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

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

6. Unsecured Nonpriority Claim \$2,313.77
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

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

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

Date: *06/01/04*
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
Robert J. Johnson, CEO, CBA Inc.

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.



STATEMENT

43 MAIN STREET S.E.
 SUITE 513
 MINNEAPOLIS, MN 55414
 (612) 331-3736

Statement Date: 05/28/04

Salesperson: CAROL J. PETERSON

GENOVESE MARKETING GROUP, INC.
 1821 UNIVERSITY AVENUE
 ST. PAUL, MN 55104

Customer Number: 00-0007014

DATE	REFERENCE	DESCRIPTION	CHARGE	CREDIT	BALANCE
10/15/01	0006951-IN		550.00		550.00
02/21/02	0007949-IN		1,135.00		1,135.00
06/05/02	0010595-IN		251.25		251.25
02/28/03	FEB0025-FC	FINANCE CHARGE	29.04		29.04
03/31/03	MAR0022-FC	FINANCE CHARGE	29.04		29.04
04/30/03	APR0016-FC	FINANCE CHARGE	29.04		29.04
05/31/03	MAY0063-FC	FINANCE CHARGE	29.04		29.04
06/30/03	JUN0015-FC	FINANCE CHARGE	29.04		29.04
07/31/03	JUL0061-FC	FINANCE CHARGE	29.04		29.04
08/31/03	AUG0107-FC	FINANCE CHARGE	29.04		29.04
09/30/03	SEP0012-FC	FINANCE CHARGE	29.04		29.04
10/31/03	OCT0059-FC	FINANCE CHARGE	29.04		29.04
11/30/03	NOV0101-FC	FINANCE CHARGE	29.04		29.04
12/31/03	DEC0140-FC	FINANCE CHARGE	29.04		29.04
02/27/04	FEB0176-FC	FINANCE CHARGE	29.04		29.04
03/31/04	MAR0222-FC	FINANCE CHARGE	29.04		29.04
				TOTAL	2,313.77

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	BALANCE DUE
0.00	29.04	0.00	29.04	2,255.69	2,313.77

TO AVOID DUPLICATION OF PAYMENT, PLEASE PAY OFF OF ORIGINAL INVOICES. THIS STATEMENT IS A SUMMARY. YOUR ACCOUNT IS SERIOUSLY PAST DUE. WE WOULD APPRECIATE YOUR ATTENTION TO THIS MATTER.



CORPORATE BENEFIT ADMINISTRATORS, INC.
 43 MAIN STREET S.E.
 SUITE 513
 MINNEAPOLIS, MN 55414
 (612) 331-3736

INVOICE

INVOICE NUMBER: 0006951-IN
 INVOICE DATE: 10/15/01
 SALESPERSON: 0002
 SALES TAX CODE:

GENOVESE MARKETING GROUP, INC.
 1821 UNIVERSITY AVENUE
 ST. PAUL, MN 55104

CUSTOMER NO: 00-0007014
 CUSTOMER P.O.:

CONTACT:

SHIP VIA:
 TERMS: DUE UPON RECE

SALES CD	DESCRIPTION	QUANTITY	PRICE	AMOUNT
	401(k) PROFIT SHARING PLAN BALANCE OF DOCUMENT RESTATEMENT COST			
511	ERISA MANDATED DOC RESTATEMENT	1.000	550.000	550.00

PLEASE INCLUDE CUSTOMER/INVOICE # ON REMITTANCE
 WE APPRECIATE YOUR BUSINESS!!

NET INVOICE: 550.00
 FREIGHT: 0.00
 SALES TAX: 0.00

INVOICE TOTAL: 550.00

INVOICE



CORPORATE BENEFIT ADMINISTRATORS, INC.
 43 MAIN STREET S.E.
 SUITE 513
 MINNEAPOLIS, MN 55414
 (612) 331-3736

INVOICE NUMBER: 0007949-IN

INVOICE DATE: 02/21/02

SALESPERSON: 0002

SALES TAX CODE:

GENOVESE MARKETING GROUP, INC.
 1821 UNIVERSITY AVENUE
 ST. PAUL, MN 55104

CUSTOMER NO: 00-0007014
 CUSTOMER P.O.:

CONTACT:

SHIP VIA:
 TERMS: DUE UPON RECE

SALES CD	DESCRIPTION	QUANTITY	PRICE	AMOUNT
	ANNUAL ADMINISTRATION FEE FOR 401K PLAN YEAR ENDED DECEMBER 31 ,2001			
300	ADMINISTRATION: ANNUAL	1.000	935.000	935.00
306	PARTICIPANT CHARGE	PER 8.000	25.000	200.00

PLEASE INCLUDE CUSTOMER/INVOICE # ON REMITTANCE
 WE APPRECIATE YOUR BUSINESS!!

NET INVOICE: 1.135.00
 FREIGHT: 0.00
 SALES TAX: 0.00

INVOICE TOTAL: 1,135.00



CORPORATE BENEFIT ADMINISTRATORS, INC.
 43 MAIN STREET S.E.
 SUITE 513
 MINNEAPOLIS, MN 55414
 (612) 331-3736

INVOICE

INVOICE NUMBER: 0010595-IN

INVOICE DATE: 06/05/02

SALESPERSON: 0002

SALES TAX CODE:

GENOVESE MARKETING GROUP, INC.
 1821 UNIVERSITY AVENUE
 ST. PAUL, MN 55104

CUSTOMER NO: 00-0007014
 CUSTOMER P.O.:

CONTACT:

SHIP VIA:
 TERMS: DUE UPON RECE

SALES CD	DESCRIPTION	QUANTITY	PRICE	AMOUNT
	QUARTERLY INVOICE			
	QUARTERLY ADMINISTRATION FEE 401K PLAN YEAR ENDING DECEMBER 31			
304	ADMINISTRATION: QUARTERLY 401	1.000	243.750	243.75
306	PARTICIPANT CHARGE	PER 1.000	7.500	7.50

PLEASE INCLUDE CUSTOMER/INVOICE # ON REMITTANCE
 WE APPRECIATE YOUR BUSINESS!!

NET INVOICE: 251.25
 FREIGHT: 0.00
 SALES TAX: 0.00

INVOICE TOTAL: 251.25

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)		PROOF OF CLAIM
Name of Debtor <i>Peter Jason Genovese Jeanne ANN Genovese</i>	Case Number 04-30692	 <p style="text-align: center;"> RECEIVED JAN 10 AM 9:37 ST. PAUL, MN BANKRUPTCY COURT THIS SPACE FOR COURT USE ONLY </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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): ED DANIELS	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent: ED DANIELS 1002 WESTMINSTER DRIVE RICHARDSON TX 75081-3159 Telephone Number: <i>917-257-7330</i>	Account or other number by which creditor identifies debtor:	
Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____		
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <i>6707</i> <input type="checkbox"/> Unpaid compensation for services performed from <i>2/2001</i> to <i>2/2002</i> (date) (date)
2. Date debt was incurred: <i>JAN. 2000</i>	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <i>8,000.00</i> (unsecured) (secured) (priority) (Total)		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 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: \$ _____	7. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <i>8,000.00</i> Specify the priority of the claim: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		Send claims to: U.S. Bankruptcy Court 200 U.S. Courthouse 316 North Robert Street St. Paul, MN 55101
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <i>6/1/04</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):	

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.

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

(comcast)

From: "ecd3rd1" <ecd3rd1@comcast.net>

To: <ecd3rd1@comcast.net>

Subject: Case No. 04-30692

Date: Mon, 7 Jun 2004 10:41:29 +0000

Dear Judge, I have moved during the time that I sold Soy Candle Co., Mr. Jason Genovese company and have miss place my records. My name is Ed Daniels and during the time I worked for Jason I put together 3 large sales Erwin Distributing, Micheals Stores Inc., and Tuesday Morning Inc. The Commissions due me are \$ 8,760.00, Jason said he could not pay however if I would collect the \$96,000.00 from Tuesday Morning Inc. well then he would have the monies to pay me. I know I'm the little guy on this suit and all I'm really going to get is an expensive lesson in life, now when one of my manf. needs help collecting I always have my name on the check too! Jason Genovese cheated me and many others, Tax payers small business loan, John Q Public's monies gone... Judge I know I'll never see a nickel of what Jason owes me he is a cheat and coward who hides behind the laws of bankruptcy and very soon he will be able to get back into business like this never happened. I just wish that you would give him what heck for all the little guys he has hurt! Sincerely, Ed Daniels

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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
THIRD DIVISION**

In Re: Bankruptcy 04-30692
Chapter 7 Case

Peter & Jeanne Genovese,

**UNSWORN CERTIFICATE
OF SERVICE**

Debtor(s).

I, Krisann Treague, employed by Michael J. Iannacone, attorney licensed to practice law in this Court, with office address of 8687 Eagle Point Blvd., Lake Elmo, Minnesota, declare that on October 29, 2004, I mailed copies of the **NOTICE OF HEARING AND OBJECTION TO CREDITOR'S CLAIM WITH PROPOSED ORDER** by first class mail postage prepaid to each entity named below at the address stated below for each entity:

United States Trustee
1015 U.S. Courthouse
300 South Fourth Street
Mpls., MN 55415

K & K Mobile Storage
P.O. Box 164
N. Sioux City, IA 57049-0164

Kathy Krediet
150 Firethorne Tr.
N. Sioux City, SD 57049-5200

Corp. Benefit Administrators, Inc.
43 Main Street SE
Minneapolis, MN 55414-1029

Ed Daniels
6004 Highland Hills LN
Colleyville, TX 76034-5738

Peter Genovese
1025 Goodrich Ave.
St. Paul, MN 55105

Jeanne Genovese
1025 Goodrich Ave.
St. Paul, MN 55105

Steven H. Siltan, Esq.
220 S. 6th St. #1700
Minneapolis, MN 55402-1409

And, I declare, under penalty of perjury, that the foregoing is true and correct.

Executed on: October 27, 2004

____/e/ *Krisann Treague*____

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
THIRD DIVISION**

In Re: Bankruptcy 04-30692
Chapter 7 Case
Peter & Jeanne Genovese,

ORDER

Debtor.

At St. Paul, Minnesota.

The above-entitled matter came on for hearing before the undersigned Judge upon the objection of the Trustee to the claims of K & K Mobile Storage, Kathy Krediet, Corp. Benefits Administrators, Inc. and Ed Daniels. Michael J. Iannacone appeared as attorney for trustee and _____ appeared on behalf of _____.

Upon all the files, records and proceedings herein, and the Court being fully advised in the premises,

IT IS HEREBY ORDERED that the following claims be disallowed:

<u>Claim No.</u>	<u>Creditor</u>	<u>Amount</u>
4	K & K Mobile Storage	\$1,281.20
5	Kathy Krediet	\$3,696.07
7	Corp. Benefits Administrators, Inc.	\$2,313.77
11	Ed Daniels	\$8,000.00

Dated this _____ day of _____, 2004.

Gregory F. Kishel, Judge
United States Bankruptcy Court