

<b>IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA</b>		<b>PROOF OF CLAIM CHAPTER 11</b>
<b>NORTH AMERICAN REFRACTORIES CO., et al., Case No. 02-20198 Jointly Administered</b>		
Name of Debtor Against Which You Assert Your Claim: _____ (See List of Names on Reverse Side)	Case Number: _____ (See List on Reverse Side)	<u>Your Claim Is Scheduled As Follows:</u>
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.		
<b>A. Name and address of Creditor (The person or entity to whom the debtor owes money or property):</b> _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement providing details.  <input type="checkbox"/> Check this box if you have never received any notices in this case.	If an amount is identified above, you have a claim scheduled by the Debtor as shown. If you agree with the amount and classification of your claim as scheduled by the identified Debtor and you have no other claims against any of the Debtors, you do not need to file this proof of claim, <b>EXCEPT AS FOLLOWS:</b> If the amount shown is <b>DISPUTED, UNLIQUIDATED OR CONTINGENT</b> , a proof of claim <b>MUST</b> be filed in order to receive any distribution on account of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not refile your claim
<b>B. Please add or amend creditor information here.</b> (Check box if: <input type="checkbox"/> replaces address above <input type="checkbox"/> additional address)	Telephone Number _____ Fax Number _____ Tax Identification or Social Security Number _____	
Account or Other Number by Which Creditor Identifies Debtor: _____	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
<b>1. Basis For Claim:</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Asbestos Property Damage <input type="checkbox"/> Codefendant <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 Social Security No. _____ Unpaid compensation for services performed From: _____ (date) to _____ (date)		
<b>2. Date Debt Was Incurred:</b> _____	<b>3. If claim is based on a court judgment, date obtained:</b> _____	
<b>4. Total amount of Claim at Time Case Filed:</b> \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.		
<b>5. Secured Claim:</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>6. Unsecured Priority Claim:</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries or commissions (up to \$4,650), earned within 90 days before the 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 of governmental units -- 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other -- specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
<b>7. Credits:</b> The amount of all payments on account of this claim has been credited and deducted for the purpose of making this proof of claim.		<b><u>This Space Is For Court Use Only</u></b>
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If such supporting documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed return envelope and copy of this proof of claim.		
<b>Date:</b> _____	<b>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):</b> PrintName: _____ Title (if any): _____ Signature: _____	
<b>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 and 3571.</b>		

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, there may be exceptions to these general rules.

THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS **RECEIVED** ON OR BEFORE **5:00 P.M., EASTERN TIME, ON FEBRUARY 28, 2003**. SEND THE COMPLETED PROOF OF CLAIM FORM BY COURIER SERVICE, HAND DELIVERY OR MAIL TO: **NORTH AMERICAN REFRACTORIES COMPANY, CLAIMS PROCESSING DEPARTMENT, C/O LOGAN & COMPANY, INC., 546 VALLEY ROAD, UPPER MONTCLAIR, NEW JERSEY 07043**.

**FACSIMILE OR E-MAIL SUBMISSIONS WILL NOT BE ACCEPTED.**

PLEASE READ THE PROOF OF CLAIM FORM CAREFULLY AND FILL IT IN COMPLETELY AND ACCURATELY. PRINT LEGIBLY. YOUR CLAIM MAY BE DISALLOWED IF IT CANNOT BE READ AND UNDERSTOOD. THE PROOF OF CLAIM MUST BE COMPLETED IN ENGLISH. THE AMOUNT OF ANY CLAIMS MUST BE AS OF THE DATE OF FILING AS INDICATED BELOW AND MUST BE DENOMINATED IN UNITED STATES CURRENCY.

**- 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 identifying the amount a creditor believes was owed to it by the debtor at the time the bankruptcy case was filed (*i.e.*, the amount of the creditor's claim).

**Secured Claim**

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (*i.e.*, 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 mortgages on real estate and security interests in cars, trucks, boats, television sets or other items 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 (*i.e.*, 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 does not have sufficient value to satisfy the creditor in full.

**Unsecured Priority Claim**

Certain types of unsecured claims are given priority under the Bankruptcy Code and are 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)****Name of Debtor and Case Number:**

Fill in the name of the Debtor against which you assert a claim, as well as the Case Number applicable to such Debtor. The Debtors' Names and Case Numbers are listed below:

**Filed January 4, 2002**

**North American Refractories Company** Case No. **02-20198 (JKF)**  
**InterTec Company** Case No. **02-20199 (JKF)**  
**I-Tec Holding Corp.** Case No. **02-20200 (JKF)**

**Filed January 29, 2002**

**Tri-Star Refractories, Inc.** Case No. **02-20979 (JKF)**

**Name of Debtor and Case Number:**

Check the name of the Debtor against which you assert a claim,

**Information about Creditor:**

Complete the section giving the name, address, telephone number, fax number and tax identification number or social security 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, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form. **Please note that all future correspondence sent by Logan & Company, Inc. will be mailed to the pre-printed name and address as listed in box A on the reverse side, unless you indicate and change the address in box B also on the reverse side.**

**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 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 a priority claim and partly a nonpriority claim if, for example, the claim is in an amount exceeding 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 that any asserted security interests have been perfected. If these documents are too lengthy, a summary of such documents may be provided. If documents are not available, you must attach a statement explaining why they are not available.