


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>FLEMING COMPANIES, INC</u>		Case Number <u>03-10945</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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>SIREN, INC</u>		<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 <u>ROB HALL 22800 LYONS AVE #110 MURRILL CA 91321</u>		THIS SPACE IS FOR COURT USE ONLY
Telephone number <u>661-254-9510</u>		
Account or other number by which creditor identifies debtor <u>71540</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
<b>1 Basis for Claim</b> <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 _____ (date) to _____ (date)
<b>2 Date debt was incurred</b> <u>3/11/2003</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>12,081.60</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6 Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____) <small>*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.</small>
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <u>4-16-2003</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>ROB HALL VP-OPERATIONS</u>	
Fleming Companies Claim  00020		
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		

FILED  
APR 21 2003  
BWC

# INVOICE

## SIREN, INC.

P O BOX 800699  
 SANTA CLARITA, CA 91380-0699  
 UNITED STATES OF AMERICA  
 (661) 254-9510

INVOICE NUMBER 0033163-IN  
 INVOICE DATE 03/19/2003

ORDER NUMBER 0033163  
 ORDER DATE 03/11/2003  
 SALESPERSON BRAD  
 CUSTOMER NO FLEMW

**SOLD TO**

CTP/ SACRAMENTO GMD  
 FLEMING, INC  
 P O BOX 268864  
 OKLAHOMA CITY, OK 73126-8864

**SHIP TO**

FLEMING CO GMD WEST  
 8301 FRUITRIDGE ROAD  
 SACRAMENTO, CA 95826

CUSTOMER P O	SHIP VIA	P R O #	TERMS				
464715-GS	TONYS		Net 10				
ITEM NO	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT	
00410-80200 Oral B Indctr 40 Sft # 11	12/6	20 WHSE 000	20	0	100 80	2,016 00	
05730-15040 Advil IB Tablets 100ct	6/6	40 WHSE 000	40	0	251 64	10,065 60	

Net Invoice 12,081 60

No claim for shortage or damage will be allowed unless made within 10 days from receipt of goods  
 No returns accepted without return authorization number

**Invoice Total** 12,081 60

# SALES ORDER

SIREN, INC  
 P O BOX 800699  
 SANTA CLARITA, CA 91380-0699  
 UNITED STATES OF AMERICA  
 (661) 254-9510

ORDER NUMBER 0033163  
 ORDER DATE 3/11/2003

SALESPERSON BRA  
 CUSTOMER NO FLEMW

SOLD TO  
 CTP/ SACRAMENTO GMD  
 FLEMING, INC  
 P O BOX 268864  
 OKLAHOMA CITY, OK 73126-8864  
 CONFIRM TO  
 ANDREW KING

SHIP TO  
 FLEMING CO , GMD WEST  
 8301 FRUITRIDGE ROAD  
 SACRAMENTO, CA 95826

CUSTOMER P O 464715	SHIP VIA TONYS	F O B		TERMS Net 10			
ITEM NUMBER	UNIT	ORDERED	SHIPPED	BACK ORDER	PRICE	AMOUNT	
00410-80200	12/6	20	0	0	100 80	2,016 00	
Oral B Indctr 40 Sft # 11			WHSE 600				
05730-15040	6/6	40	0	0	251 64	10,065 00	
Advil IB Tablets 100ct			WHSE 000				

Net Order	12,081 60
Less Discount	0 00
Freight	0 00
Sales Tax	0 00
<b>Order Total</b>	<b>12,081 60</b>

Bill - 1 Page - Return only if there is a difference. *STW*  
**FLEMING COMPANIES INC.**

PO: 464715

NTS ORDER ID 111138565

DATE 3/11/03  
 TIME 3 19 PM

**BILL TO** FLEMING SACRAMENTO  
 8301 Fruitridge Road  
 PO Box 7010  
 Sacramento CA 95826-7010

**FROM VENDOR** SIREN  
 P O Box 800699

Santa Clarita Ca 91380

**SHIP TO** SACRAMENTO GM WEST  
 FLEMING COMPANIES  
 8301 FRUITRIDGE ROAD  
 SACRAMENTO CA 95826

**LINE BUYER** ALL-BUYERS

**WHO** EVELYN  
**NOTE** DRIVER REQUIRED TO UNLOAD

**SHIP TO ARRIVE** 3/27/03  
**APPOINTMENT**

*INVOIRE COST*

LN	CASE-CODE	ITEM-NUMB	VEND-NUMB	DESCRIPTION	PACK	SIZE UM	QTY	PU PRICE	EXTENDED	CASES	TI	HI
1	0041080200	11291	169	O/B INDICATOR 40 SFT #11	72	1 00 EA	1440	EA 1 40	2016 00	20	20	2453.60
2	0573015040	16779	7.99	ADVIL TABLETS	36	100 00 EA	1440	EA 6.99	10065 60	40	18	211505.60
<b>TOTAL</b>									12081 60	60		13,939.20

COMMENTS

\$ 13,939.20  
 - 12,081.60  
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 \$ 1,857.60

33163

03/11/2003 16 30 9729061529

FLEMING COMPANIES

PAGE 01

ISA Control # 000042111  
 GS Control # 42111  
 ST Control # 42111001

Purchase Order # 464715-GS  
 Purchase Order Date 03/11/2003

## Fleming Purchase Order

Vendor SIREN INC  
 ID Code Qualifier/ID Code 9 / 8762685410000

Bill-to FLEMING SACO GM DIVISION  
 ID Code Qualifier/ID Code 9 / 006943773GS00

Ship-from  
 ID Code Qualifier/ID Code /

Ship-to FLEMING SACO GM DIVISION  
 ID Code Qualifier/ID Code 9 / 006943773GS00

Total Quantity Ordered	Total Weight	Total Volume	Total Purchase Order Amount
60 UN	347 LB	18 CF	\$ 13939 00

Buyer Name	Buyer Telephone #	Date Qualifier/Date	Shipment Method of Payment	Transportation Method/Type Code	FOB Point Code
QUATTLEBAUM, STORM	9163819200	02 / 03/27/2003	PP	M	02

Note CONFIRMED ME DO NOT DEDUCT

Quantity Ordered	Unit Cost	UPC Case Code	Item Description	ALLOWANCE OR CHARGE			
				Code	Method of Handling Code	Promotional #	Rate
20 CA	121 68	030041080200	O/B INDICATOR 40 SFT 1 11291 00001 A 1 EA				
Quantity Ordered	Unit Cost	UPC Case Code	Item Description	ALLOWANCE OR CHARGE			
40 CA	287 64	030573015040	ADVIL TABLETS 16779 00001 100CT				

Invoice # 0033163-IN  
 Invoice Date 03/20/2003  
 Purchase Order # 464715-GS  
 Purchase Order Date 03/11/2003

## Fleming Invoice

<b>Bill-to Name</b>	FLEMING SACO	<b>Ship-to Name</b>	FLEMING SACO	<b>Remit-to Name</b>	SIREN, INC
	GM DIVISION		GM DIVISION		
<b>Address</b>		<b>Address</b>		<b>Address</b>	P O BOX 800699
<b>City</b>		<b>City</b>		<b>City</b>	SANTA CLARITA
<b>State</b>		<b>State</b>		<b>State</b>	CA
<b>Zip Code</b>		<b>Zip Code</b>		<b>Zip Code</b>	913800699
<b>Country Code</b>		<b>Country Code</b>		<b>Country Code</b>	
<b>ID Code Qualifier</b>	9	<b>ID Code Qualifier</b>	9	<b>ID Code Qualifier</b>	9
<b>ID Code</b>	006943773GS00	<b>ID Code</b>	006943773GS00	<b>ID Code</b>	876268541

Total # of Unrts Shipped	Total Weight/UOM	Total Volume	Quantity 3rd Party Pallets	Total Invoice Amount
60 UN	361 0000 LB	CF		\$ 13939 20

Transportation Method/Type Code	SCAC Code	Routing	Shipped Date	Shipment Method of Payment	FOB Point Code/FOB
M		COMMON CARRIER	03/19/2003	PP	02 /

**TERMS OF SALE**

Type	Basis Date Code	Start Date	Due Date Qualifier	Discount Percent	Discount Due Date	Discount Days Due	Net Due Date	Net Days	Discount Dollar Amount	Discount Amount Due	Amount Subject to Discount
05	2	04/04/2003		00 0000	04/04/2003	00	04/04/2003	10	00 00	00 00	00 00

**ALLOWANCE OR CHARGE**

Code	Method of Handling Code	Number	Total Amount	Description
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**Note**

Quantity Invoiced/UOM	Unit Cost	# of Cases Shipped	Quantity Shipped/UOM	Quantity Difference	Shipment/Order Status Code	Pack	Size/UOM
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20 00 CA	121 68	CA	20 CA				
<b>UPC Case Code</b>			<b>Manufacturer's UPC/EAN Code</b>		<b>Item Description</b>		
030041080200					O/B INDICATOR 40 SFT 1 11291 00001 A 1 EA		
<b>ALLOWANCE OR CHARGE</b>							
<b>Code</b>	<b>Method of Handling Code</b>		<b>Number</b>	<b>Rate</b>	<b>Amount</b>	<b>Description</b>	
<b>Quantity Invoiced/UOM</b>	<b>Unit Cost</b>	<b># of Cases Shipped</b>	<b>Quantity Shipped/UOM</b>	<b>Quantity Difference</b>	<b>Shipment/Order Status Code</b>	<b>Pack</b>	<b>Size/UOM</b>
40 00 CA	287 64	CA					
<b>UPC Case Code</b>			<b>Manufacturer's UPC/EAN Code</b>		<b>Item Description</b>		
030573015040					ADVIL TABLETS 16779 00001 100CT		
<b>ALLOWANCE OR CHARGE</b>							
<b>Code</b>	<b>Method of Handling Code</b>		<b>Number</b>	<b>Rate</b>	<b>Amount</b>	<b>Description</b>	