


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>Fleming Companies, Inc.</u>		Case Number
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Plant Source, Inc</u> <u>2048-F Aldergrove Ave</u> <u>Escondido, CA 92029</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>Plant Source, Inc.</u> <u>2048-F Aldergrove Ave</u> <u>Escondido, CA 92029</u> Telephone number <u>760-743-7743</u>		
Account or other number by which creditor identifies debtor <u>PO 159584 55555</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 USC § 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>9-16 02</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> <u>\$ 170814</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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a)(____) *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>8 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY  <b>FILED</b> <b>APR 23 2003</b> <b>BMC</b>  Fleming Companies Claim  00046
Date <u>4-21-03</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>Sandra L Arzaga AIR</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 USC §§ 152 and 3571		

# INVOICE

65555

## PLANT SOURCE, INC.

### HORTICULTURAL SALES & MARKETING

2048-F Aldergrove Ave  
Escondido CA 92029

Telephone 760 740 7743

**BILL TO**

Albertson's - Tulsa Division  
Fleming Companies Inc  
PO Box 268959  
Oklahoma City OK 73126-8953

CUSTOMER NO

ALBR08

**SHIP TO**

Albertson's - Tulsa Division  
Fleming Companies Inc  
PO Box 268959  
Oklahoma City, OK 73126-8959

DATE	SHIP VIA	FOB	TERMS				
09/16/02	Delivered	Origin	Net 30 Days				
PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER				
15068	09/16/02	PYLE	34				
QUANTITY	CASES	ITEM NUMBER	U/M	SKU NUMBER	UNIT PRICE	EXTENDED AMOUNT	
498	33	AL0606LAV		6/6" 4291662	3.40	1708.14	
		6" Lavender in Clay w/Moss					
						Nontaxable Subtotal	1708.14
						Taxable Subtotal	0.00
						Tax	0.00
						Total Invoice	1708.14

