


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>Fleming Companies</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>Caribbean Products, Ltd.</u>		<p><b>FILED</b></p> <p><b>MAY 22 2003</b></p> <p><b>BMC</b></p> <p>THIS SPACE IS FOR COURT USE ONLY</p>
Name and address where notices should be sent <u>3624 Falls Rd.</u> <u>Baltimore, MD</u>		
Telephone number <u>410-235-7700</u>		
Account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
<p><b>1 Basis for Claim</b></p> <p><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 checked="" type="checkbox"/> Other <u>Returned Check</u></p> <p><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)</p>		
<b>2 Date debt was incurred</b> <u>4/17/03</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>1,925.00</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.		
<p><b>5 Secured Claim</b></p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral  <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other _____</p> <p>Value of Collateral \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____</p>		<p><b>6 Unsecured Priority Claim</b></p> <p><input type="checkbox"/> Check this box if you have an unsecured priority claim</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><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)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or service for the debtor, family, or household. 11 U.S.C. § 507(a)(5)</p> <p><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____)</p> <p>*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.</p>
<p><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.</p> <p><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.</p> <p><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.</p>		<p>THIS SPACE IS FOR COURT USE ONLY</p> <p>Fleming Companies Claim</p>  <p>00053</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">             DISTRICT OF DELAWARE              2003 MAY 15 AM 10:13         </p>
Date <u>5/12/03</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>Alan Wilner, Controller</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.		

ALLFIRST BANK  
P O BOX 1596  
BALTIMORE, MD 21203

ACCOUNT NUMBER 191-2470-8  
RETURN CHECK DEBIT ADVICE 3  
DATE 04-17-03

WE ARE CHARGING YOUR CHECKING ACCOUNT WITH THE FOLLOWING UNPAID ITEMS  
CHECK INFORMATION CHECK AMOUNT  
1,925 00

REASON FOR NON-PAYMENT, IF GIVEN BY THE DRAHEE BANKS, IS NOTED ON THE CHECKS OR SLIPS ATTACHED THERETO

CARIBBEAN PRODUCTS LTD  
3624 FALLS ROAD  
BALTIMORE MD 21211-1814

TOTAL 1,925 00

THE FACE OF THIS DOCUMENT IS PRINTED IN BLUE AND RED INK

**Fleming**

Box 26647, Oklahoma City, OK 73128

RETURN TO TEXAS COMMERCE BANK  
BY 03-27-03 SAN ANGELO, TX

No 23573617

64-88/ 1113

STOP PAYMENT

STATE DAIFD

NEGOTIABLE

No

Date

LC

Amount

03/27/03 \$\*\*\*\*\*1,925.00\*

Pay ONE THOUSAND NINE HUNDRED TWENTY FIVE DOLLARS

REFER TO MAKER

CARIBBEAN PRODUCTS LTD  
3624 FALLS ROAD  
BALTIMORE, MD 21211



Unique Character Facsimile Signature

⑈ 23573617 ⑆ ⑆ 1300880 ⑆ 06300036160 ⑆

⑆ 0000192500 ⑆

ALLFIRST BANK  
P O BOX 1596  
BALTIMORE, MD 21203

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CARIBBEAN PRODUCTS LTD  
3624 FALLS ROAD  
BALTIMORE MD 21211-1814

TOTAL 1,925 00

RAY TO THE ORDER OF  
FIRST NATIONAL BANK OF MD  
BALTIMORE, MD 21210  
052000113  
FOR DEPOSIT ONLY  
CARIBBEAN PRODUCTS, LTD.  
041924708

5711 14756

>05200011-34

110 329 17404  
>05200011-34

ALLFIRST BANK  
052000113  
BANK OF AMERICA  
2/03 05 5101  
7/01 05 5101

Division	Invoice Date	Receipt Date	Inv No./Credit Request	Amount	Discount
MEMPHIS	03/07/03	03/12/03	4756	1,925 00	0 00
DATE OF CHECK 03/27/03		AMOUNT OF CHECK	\$1,925.00		

SEE INFORMATION ON BACK

# Invoice

## Caribbean Products, Ltd.

3624 Falls Road Baltimore, Maryland 21211  
Ph (410) 235-7700 Fax (410) 235-1513

DATE

INVOICE #

3/7/2003

4756

### BILL TO:

Fleming Companies, Inc  
Memphis Division  
P O Box 149  
Southaven, MS 38671

### SHIP TO:

Fleming Companies/Memphis Division  
8690 Tulane  
Southaven, MS 38671  
(662) 342-4100

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.
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54109

Net 10 days

3/7/2003

ITEM CODE	QUANTITY	DESCRIPTION	PRICE EACH	AMOUNT
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28 Chitts- GD	50	Case(s) Global Delights Chitterlings (12 / 28 oz tubs)	40.00	2,000.00
Promo Allow	50	Promotion Allowance	-1.50	-75.00

Total Cases 50

**TOTAL**

\$1,925.00