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| UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u> | | PROOF OF CLAIM |
| Name of Debtor FLEMING COMPANIES | | Case Number 03-10945 (MFW) |
| 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) MAGID GLOVE & SAFETY MFG CO LLC | | <div style="font-size: 24pt; font-weight: bold;">FILED</div> <div style="font-size: 18pt; font-weight: bold;">MAY 22 2003</div> <div style="font-size: 24pt; font-weight: bold;">BMC</div> |
| Name and address where notices should be sent MAGID GLOVE & SAFETY MFG CO. LLC 2060 N KOLMAR AVENUE CHICAGO, IL 60639 | | |
| Telephone number (773) 384-2070 | | |
| Account or other number by which creditor identifies debtor 40218-34710-27507-34711-10241 | | Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends |
| 1 Basis for Claim <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 _____ to _____ <div style="text-align: center;">(date) (date)</div> | | |
| 2 Date debt was incurred 08/26/02 TO 03/28/03 | | 3 If court judgment, date obtained |
| 4 Total Amount of Claim at Time Case Filed \$ <u>12,860.13</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. | | |
| 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 \$ _____ | | 6 Unsecured Priority Claim <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)(_____) |
| 7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 8 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. 9 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. | | THIS SPACE IS FOR COURT USE ONLY DISTRICT OF DELAWARE MAY 20 PM 1:11 1111 |
| Date 05/15/03 | 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) <i>Gigi Cohen</i> GIGI COHEN EXECUTIVE VICE PRESIDENT | |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. | | |

