

United States Bankruptcy Court
DISTRICT OF DELAWARE

FILED
MAY 22 2003
BMC

In Pe (Name of Debtor) **Fleming Companies Inc**
Case Number **03B10945(D)**

NOTE This form should be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.

Name of Creditor **NICOR GAS**
The person or entity to whom the debtor owes money
P O BOX 549
AURORA IL 60507
Telephone No **630 983 8888**

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.
 Check box if you have never received any notices from bankruptcy court in this case.
 Check box if address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR **6-07 36-0442 / 6-13 28 1581**
Check here if this claim ___ replaces or amends a previously filed claim dated ___

Goods sold Retiree benefits as defined in 11 U.S.C. 1114(a)
 Services performed Wages salaries and compensations (Fill out below)
 Money loaned Your social security number _____
 Personal injury/wrongful death Unpaid compensation for services performed
 Taxes from _____ to _____
 Other (describe briefly) for gas utility service furnished _____ (date) _____ (date)

2 DATE DEBT WAS INCURRED thru bankruptcy file date
3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured non priority (2) Unsecured Priority (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM

SECURED CLAIM \$ _____
Attach evidence of perfection of security interest
Brief Description of Collateral
 Real Estate Motor Vehicle Other (Describe briefly)
Amount of arrearage and other charges included in secured claim above if any \$ _____

UNSECURED NON PRIORITY CLAIM **\$14 370 19**
A claim is unsecured to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$ _____
Specify the priority of the claim
 Wages salaries or commissions (up to \$2000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. 707(a)(3)
 Contributions to an employee benefit plan U.S.C. 507(a)(4)
 Up to \$900 of deposits toward purchase lease or rental of property or services
 Other U.S.C. 507(a)(2)(c)(5) (Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME **\$14 370 19** (TOTAL) **\$14 370 19**
CASE FILED (UNSECURED) (SECURED) (PRIORITY) (TOTAL)
 Check this box if claim includes preparation charges in addition to the principal amount of the claim. Attach itemized statement of all charges.

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim claimant has deducted all amounts that claimant owes to debtor.
7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes purchase orders Invoices Itemized statements of running accounts contracts court judgments or evidence of security interests. If the documents are not available explain. If the documents are voluminous attach a summary.
8 TIME 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
MAY 16 AM 11:05
U.S. BANKRUPTCY COURT DISTRICT OF DELAWARE
Fleming Companies Claim
00107

Date **MAY 08 2003**
Sign and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
K. Antonio
Supervisor Credit Administration

United States Bankruptcy Court
DISTRICT OF DELAWARE

In Re (Name of Debtor) **Fleming Companies Inc**
Case Number **03B10945(D)**

NOTE: This form should be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.

Name of Creditor: **NICOR GAS**
P.O. BOX 549
AURORA, IL 60507
Telephone No: **630 983 8888**
 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.
 Check box if you have never received any notices from bankruptcy court in this case.
 Check box if address differs from the address on the envelope sent to you by the court.

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **6-07-36-0442 / 6-13 28-1581**
Check here if this claim replaces or amends a previously filed claim dated _____

___ Goods sold
___ Services performed
___ Money loaned
___ Personal injury/wrongful death
___ Taxes
___ Retiree benefits as defined in 11 U.S.C. 1114(a)
___ Wages, salaries, and compensations (Fill out below)
___ Your social security number _____
___ Unpaid compensation for services performed from _____ to _____
 Other (describe briefly) for gas utility service furnished _____ (date) _____ (date)

2 DATE DEBT WAS INCURRED: thru bankruptcy file date
3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured non priority (2) Unsecured Priority (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

SECURED CLAIM \$ _____
Attach evidence of perfection of security interest
Brief Description of Collateral: ___ Real Estate ___ Motor Vehicle ___ Other (Describe briefly)
Amount of arrearage and other charges included in secured claim above if any \$ _____
UNSECURED PRIORITY CLAIM \$ _____
Specify the priority of the claim:
___ Wages, salaries or commissions (up to \$2000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier) 11 U.S.C. 707(a)(3)
___ Contributions to an employee benefit plan U.S.C. 507(a)(4)
___ Up to \$900 of deposits toward purchase, lease, or rental of property or services
 UNSECURED NON PRIORITY CLAIM **\$14,370.19**
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.
___ Other 11 U.S.C. 507(a)(2), (a)(5) (Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME: **\$14,370.19**
CASE FILED: (UNSECURED) (SECURED) (PRIORITY) (TOTAL)
 Check this box if claim includes preparation charges in addition to the principal amount of the claim. Attach itemized statement of all charges.

6 CREDITS AND SET-OFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.
7 SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.
8 TIME 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

Date: **MAY 08 2003**
Sign and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney if any):
K. Antoine
Supervisor Credit Administration

2003 MAY 16 AM 11:10
DISTRICT OF DELAWARE
FILED
\$14,370.19