

UNITED STATES BANKRUPTCY COURT <u>Chapter 11</u> DISTRICT OF <u>Delaware</u>		PROOF OF CLAIM
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>H & K Products, 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 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>H & K Products, Inc</u> <u>10246 Road P</u> <u>Columbus Grove, OH 45830</u> Telephone number <u>419-659-5110</u>		
Account or other number by which creditor identifies debtor <u>27260</u>		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 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred. <u>1/28/03</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed: \$ <u>739.34</u>		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input checked="" 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 checked="" 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)(____) <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>
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 <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">MAY 27 2003</div> <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">BMC</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Fleming Companies Claim</div> <div style="font-size: 0.7em;">00275</div>
Date <u>5/21/03</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>Jeff Nordhaus</u> MANAGER/TREASURER	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18		

Invoice

H & K PRODUCTS, INC
PAPPY S SASSAFRAS TEA
10246 ROAD P
COLUMBUS GROVE OH 45830
PH (419) 659-5110

DATE	INVOICE #
1/28/2003	2449

BILL TO:

CTP/Memphis GMD
Fleming Companies Inc
P O Box 268865
Oklahoma City, OK 73126-8865

SHIP TO:

Fleming Companies, Inc
Memphis GM Division
4688 Hungerford
Memphis, TN 38118

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
401995 MG	Net 30	JJN	1/28/2003	Roadway E	COLLECT	

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
60	Cases 76299-1	Pappy's Sassafras Tea	13.40	804.00

THANK YOU FOR THE ORDER!!

TOTAL \$804.00

MEMPHIS GM DIVISION
 468 BURGANK
 C BOX 13008
 MEMPHIS

SHIP TO
 MEMPHIS GM DIVISION
 4688 HUNGERFORD

TN 38118-1008 MEMPHIS TN 38118
 CALL / FAX ROBERT TO CONFIRM
 972-906-8969 / 972-906-1471

Fleming
 Companies, Inc

VENDOR

H & K PRODUCTS INC
 H & K PRODUCTS INC
 0246 COUNTY ROAD P
 COLUMBUS GROV OH 45830

02708703

VENDOR NO
 27260

PURCHASE ORDER

DATE ORDERED: 01/22/03 401995 MG
 TERMS: 30 DAYS
 PRICE PROTECTION

4 9 659 5110

IMPORTANT NOTICE

SHIP VIA ROADWAY EXPRESS FOB

FREIGHT
 SHIPPED PAID BY
 PROD L / FLB / 3/1
 C F

QUANTITY ORDERED	UPC CASE CODE	ITEM CODE	DESCRIPTION	PACK & SIZE	TIE HIGH	COST
60CS	76299		PAPPY S SASSAFRAS TEA	10	15	110
CF 12	10012	48870-0	1 12 FZ	1	PER	12

TERMS AND CONDITIONS

[Faint, mostly illegible text containing terms and conditions]

*ROBERT,
 THANK YOU FOR THE ORDER!
 IT WILL SHIP TO ARRIVE
 ON OR BEFORE 2/6/03.*

JEFF NORDAUS

12-01-01-60

MERCHANDISER	TOTAL UNITS	TOTAL CUBE	TOTAL PALIETS	TOTAL VELS/HT	TOTAL EXT COST
CLARK ROBERT	60	29	6	1020	906

1 PAGE SENT OK

THE UNION BANK COMPANY
100 S HIGH STREET
COLUMBUS GROVE, OH 45830

PHONE 419-659-2141

Low C310945
Call Center
888-909-0100

WE WILL BE NOTIFIED

FLEMING COMPANIES, INC.

H & K PRODUCTS INC
10246 ROAD P
COLUMBUS GROVE OH 45830-9733

H

ACCOUNT 1102484

AS OF 04/09/03

PAGE 1



* NOTICE *
* OF CHARGE BACK ITEM(S) *

WE CHARGE YOUR ACCOUNT AND RETURN HERewith, UNPAID ITEMS DESCRIBED BELOW, WHICH ARE ENDORSED BY YOU

PAYOR	REASON	AMOUNT
FLEMING	REFER TO MAKER	734 34

TOTAL ITEMS CHARGED BACK TO YOUR ACCOUNT	734 34
<u>RETURNED DEPOSITED ITEM CHARGE</u>	<u>5 00</u>
ACCOUNT BALANCE	2,045 74

PLEASE DEDUCT THIS AMOUNT FROM YOUR ACCOUNT BALANCE

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

Fleming

Box 26647 Oklahoma City OK 73126

TEXAS COMMERCE
SAN ANGELO, TX

23567627 ^{64-88/ 1113}

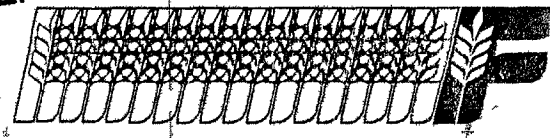
No	LC
Date	Amount
03/18/03	\$*****734.34*

Pay SEVEN HUNDRED THIRTY FOUR DOLLARS AND 34/100

Pay To The Order Of

H & K PRODUCTS INC
10246 ROAD P
COLUMBUS GROVE, OH 45830

REFER TO MAKER



Unique Character Facsimile Signature

⑈ 23567627⑈ ⑆ 111300880⑆ 06300036160⑈

⑈0000073434⑈

Fleming

609142

0675

When corresponding refer to ==> **23567627**

Division	Invoice Date	Receipt Date	Inv No /Credit Request	Amount	Discount
GMD - KING OF PRUSSIA	03/12/03	03/12/03	KGX806943	-69 66	0 00
GMD MEMPHIS	01/28/03	02/05/03	2449	804 00	0 00
DATE OF CHECK 03/18/03	AMOUNT OF CHECK		\$734 34		

** Jim Creely*
610-768-8241

ITEM REPLENISHMENT