



UNITED STATES BANKRUPTCY COURT For the District of Delaware PROOF OF CLAIM

In re FLEMING COMPANIES, ET AL Case Number 03-10945

MFW & 03-10951

NOTICE: This claim 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.

Creditor Name: ORO CAPITAL GROUP INC DBA QUALITY INN, TMZ
Address Line 1: 1631 S HWY 92
Address Line 2: 1631 S HWY 92
Address Line 3: SIERRA VISTA
City, ST ZIP: A2 - 85635

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim.
Check box if you have never received any notices from the bankruptcy court in this case.
Check box if the address differs from the address on the envelope sent to you by the court.

REC'D MAY 28 2003 THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: DIRECT BILLING ACCOUNT

Check here if this claim replaces or amends a previously filed claim dated.

1ST TIME FILING.

- 1 BASIS FOR CLAIM: Goods sold, Services performed, Money loaned, Personal injury/wrongful death, Taxes, Other, Retiree benefits, Wages, salaries, and compensation.
Your social security No.
Unpaid compensation for services performed from to (date)

2 Date Debt Incurred (MMDDYY)
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 nonpriority, (2) Unsecured Priority, (3) Secured. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

- SECURED CLAIM: Attach evidence of perfection of security interest. Brief Description of Collateral: Real Estate, Motor Vehicle, Other.
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$
UNSECURED NONPRIORITY CLAIM: 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.

- UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
Wages, salaries, or commissions (up to \$4,650) 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. § 507(a)(3)
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
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)
Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7)
Other - Specify applicable paragraph of 11 U.S.C. § 507(a)

5 AMOUNT OF CLAIM AT TIME CASE FILED: SEND BAD CHECKS + OTHER INVOICES NOT PAID.
(Secured) (Unsecured Nonpriority) (Unsecured Priority)

- 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.
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.
8 TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
DEPARTMENT OF DELETION

Date: 4/28/03 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): Jyotindra G Patel

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

JYOTINDRA G PATEL



**U S BANKRUPTCY COURT-DISTRICT OF DELAWARE  
INSTRUCTIONS FOR COMPLETING CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules*

**Debtor**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor

**Creditor**

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date the bankruptcy case was filed

**Proof of Claim**

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed

**Secured Claim**

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began, in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*)

**Unsecured Claim**

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full

**Unsecured Nonpriority Claim**

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*

**Court, Name of Debtor, and Case Number:**

If not already pre-printed, fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the In re space provided and the name of the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice

**Information about Creditor**

If not already pre-printed, complete this section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or amends a proof of claim that was already filed, check the appropriate box on the form

**1 Basis for Claim.**

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid

**2 Date Debt Incurred**

Fill in the date the debt was first owed by the debtor. Use the format MMDDYY (ie 100196 for October 1, 1996)

**3 Court Judgments**

If you have a court judgement for this debt, state the date the court entered the judgment

**4. Classification of Claim**

Check either Secured, Unsecured Nonpriority or Unsecured Priority as appropriate. (See DEFINITIONS above)

**5. Amount of Claim**

Insert the amount of claim at the time the case was filed in the appropriate box based on your selected Classification of Claim in item 4. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges

**6 7.8 Please read - Important information**

Upon completion of this claim form, you are certifying that the statements herein are true

*Be sure to date the claim and place original signature of claimant or person making claim for creditor where indicated at the bottom of the claim form. Please type or print name of individual under the signature. Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable".*

**RETURN CLAIM FORM (WITH ATTACHMENTS, IF ANY).  
IF A CHAPTER 13 CASE INCLUDE A SECOND COPY WITH  
ANY ATTACHMENTS**

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U S BANKRUPTCY COURT  
ATTN CLAIMS  
824 MARKET STREET  
5TH FLOOR  
WILMINGTON, DELAWARE 19801



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ USA 85635  
Phone (520) 458 7900  
Fax (520) 459 2603

Amount Due	Due Date
474 90	03/17/03

Account Number 100

Page 1 of 1

Current	Past 30 Days	Past 60 Days	Past 90 Days	Past 120 Days	Amount Due
138 60	336 30	0 00	0 00	0 00	474 90

## CORE MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

## Statement of Account

This is a reminder of your obligation

Please call 5204587900 if you should have any questions regarding this statement

Invoice Date	Invoice Number	Amount	Amount Paid	Balance
03/17/03	10000	43 50	0 00	43 50
03/17/03	10001	43 50	0 00	43 50
03/17/03	10002	43 50	0 00	43 50
03/17/03	10003	43 50	0 00	43 50
03/17/03	10005	52 35	0 00	52 35
03/17/03	10007	5 25	0 00	5 25
03/21/03	10094	51 15	0 00	51 15
03/28/03	10117	53 55	0 00	53 55
04/04/03	10132	46 80	0 00	46 80
04/11/03	10157	43 50	0 00	43 50
04/18/03	10173	48 30	0 00	48 30
		<b>Total Due</b>		<b>474 90</b>

## CORE MARK

5545 W LATHAM ST

Amount Due	Due Date
474 90	03/17/03

This is a reminder for your records If payment has already been submitted please accept our thanks We appreciate your business!



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ USA 85635



**QUALITY INN**  
 1631 S HWY 92  
 SIERRA VISTA AZ 85635  
 (520) 458-7900

Account 100885  
 Date 05/02/03  
 Page 1 of 1  
 Room 202 L39  
 Arrival Date 04/10/03 18 12  
 Departure Date 04/11/03 07 31  
 Frequent Traveler ID  
 You were checked out by SBK  
 You were checked in by AIP

VARGAS JAVIER  
 5545 W LATHAM ST  
 PHOENIX AZ 85043

Post Date	Description	Comment	Amount
04/10/03	ROOM CHARGE	#202 VARGAS JAVIER	39 00
04/10/03	ROOM TAX	ROOM TAX	4 50
04/11/03	DIRECT BILL DUE	DIRECT BILL DUE	43 50
			Balance Due 0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x \_\_\_\_\_

43 50 will be billed to Account 100  
 CORE MARK 5545 W LATHAM ST PHOENIX AZ 85043



**QUALITY INN**  
 1631 S HWY 92  
 SIERRA VISTA AZ 85635  
 (520) 458-7900

Room 202  
 Arrival Date 04/10/03  
 Departure Date 04/11/03  
 Account 100885  
 Frequent Traveler ID

Merchant Number  
 Approval Number  
 Card Type  
 Date 5/2/2003  
 Card Number  
 Credit Card Expiration /  
 Total

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

JAVIER VARGAS  
 5545 W LATHAM ST  
 PHOENIX AZ 85043

x \_\_\_\_\_



BY CHOICE HOTELS

**QUALITY INN**

1631 S HWY 92  
SIERRA VISTA AZ 85635  
(520) 458-7900

Account 100886  
Date 05/02/03  
Page 1 of 1  
Room 207 L39  
Arrival Date 04/17/03 18 37  
Departure Date 04/18/03 07 38  
Frequent Traveler ID  
You were checked out by SBK  
You were checked in by AIP

VARGAS JAVIER  
5545 W LATHAM ST  
PHOENIX AZ 85043

Post Date	Description	Comment	Amount
04/17/03	PHONE LONG DISTANCE	16029559209 20 12 0010	4 80
04/17/03	ROOM CHARGE	#207 VARGAS JAVIER	39 00
04/17/03	ROOM TAX	ROOM TAX	4 50
04/18/03	DIRECT BILL DUE	DIRECT BILL DUE	48 30
Balance Due			0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x \_\_\_\_\_

48 30 will be billed to Account 100  
CORE MARK 5545 W LATHAM ST PHOENIX AZ 85043



BY CHOICE HOTELS

**QUALITY INN**

1631 S HWY 92  
SIERRA VISTA AZ 85635  
(520) 458-7900

Room 207  
Arrival Date 04/17/03  
Departure Date 04/18/03  
Account 100886  
Frequent Traveler ID

Merchant Number  
Approval Number  
Card Type  
Date 5/2/2003  
Card Number  
Credit Card Expiration /  
Total

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

JAVIER VARGAS  
5545 W LATHAM ST  
PHOENIX, AZ 85043

x \_\_\_\_\_



**QUALITY INN**

1631 S HWY 92  
SIERRA VISTA AZ 85635

BY CHOICE HOTELS

**CORE MARK**

5545 W LATHAM ST  
PHOENIX AZ 85043

Amount Due	Due Date
43 50	Upon Receipt

Account Number 100  
Invoice Number 10000  
Invoice Date 03/17/03  
Page 1 of 1

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
03/17/03			6778 10/25/02/VARGAS	43 50
			<b>Invoice Total</b>	<b>43 50</b>

**CORE-MARK**

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10000	43 50	Upon Receipt

Please return this stub with your payment



**QUALITY INN**

1631 S HWY 92  
SIERRA VISTA AZ 85635

BY CHOICE HOTELS



**QUALITY INN**

1631 S HWY 92  
SIERRA VISTA AZ 85635

BY CHOICE HOTELS

Amount Due	Due Date
43 50	Upon Receipt

Account Number 100  
Invoice Number 10001  
Invoice Date 03/17/03  
Page 1 of 1

**CORE-MARK**

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
03/17/03			7012 11/01/02//VARGAS	43 50
			<b>Invoice Total</b>	<b>43 50</b>

**CORE-MARK**

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10001	43 50	Upon Receipt

Please return this stub with your payment



**QUALITY INN**

1631 S HWY 92  
SIERRA VISTA AZ 85635

BY CHOICE HOTELS



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

Amount Due	Due Date
43 50	Upon Receipt

Account Number 100  
Invoice Number 10002  
Invoice Date 03/17/03  
Page 1 of 1

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
03/17/03			7813- 11/22/02/VARGAS	43 50
			<b>Invoice Total</b>	<b>43 50</b>

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10002	43 50	Upon Receipt

Please return this stub with your payment



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635





BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

### CORE MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
03/17/03			1359 //02/21/03//VARGAS	43 50
			<b>Invoice Total</b>	<b>43 50</b>

Amount Due	Due Date
43 50	Upon Receipt

Account Number 100  
Invoice Number 10003  
Invoice Date 03/17/03  
Page 1 of 1

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10003	43 50	Upon Receipt

Please return this stub with your payment



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635



# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

BY CHOICE HOTELS

## CORE MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Amount Due	Due Date
52 35	Upon Receipt

Account Number 100  
Invoice Number 10005  
Invoice Date 03/17/03  
Page 1 of 1

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
03/17/03			1971 03/07/03/VARGAS	52 35
			<b>Invoice Total</b>	<b>52 35</b>

## CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10005	52 35	Upon Receipt

Please return this stub with your payment



# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

BY CHOICE HOTELS



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

Amount Due	Due Date
5 25	Upon Receipt

Account Number 100  
 Invoice Number 10007  
 Invoice Date 03/17/03  
 Page 1 of 1

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
03/17/03			2263X- 03/14/03//VARGAS	5 25
<b>Invoice Total</b>				<b>5 25</b>

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10007	5 25	Upon Receipt

Please return this stub with your payment



BY CHOICE HOTEL S

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635



BY CHOICE 408225

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

Amount Due	Due Date
51 15	Upon Receipt

Account Number 100  
 Invoice Number 10094  
 Invoice Date 03/21/03  
 Page 1 of 1

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
03/21/03	100207	GARCIA MIGUEL		51 15
<b>Invoice Total</b>				<b>51 15</b>

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10094	51 15	Upon Receipt

Please return this stub with your payment



BY CHOICE 408225

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

Amount Due	Due Date
53 55	Upon Receipt

Account Number 100  
 Invoice Number 10117  
 Invoice Date 03/28/03  
 Page 1 of 1

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
03/28/03	100208	GARCIA MIGUEL		53 55
<b>Invoice Total</b>				<b>53 55</b>

### CORE MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10117	53 55	Upon Receipt

Please return this stub with your payment



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

Amount Due	Due Date
46 80	Upon Receipt

Account Number 100  
 Invoice Number 10132  
 Invoice Date 04/04/03  
 Page 1 of 1

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
04/04/03	100210	GARCIA MIGUEL		46 80
<b>Invoice Total</b>				<b>46 80</b>

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10132	46 80	Upon Receipt

Please return this stub with your payment



BY CHOICE HOTEL S

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

Amount Due	Due Date
43 50	Upon Receipt

Account Number 100  
 Invoice Number 10157  
 Invoice Date 04/11/03  
 Page 1 of 1

### CORE MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
04/11/03	100885	VARGAS JAVIER		43 50
<b>Invoice Total</b>				<b>43 50</b>

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10157	43.50	Upon Receipt

Please return this stub with your payment



BY CHOICE HOTELS

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635



BY CHOICE HOTEL

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635

Amount Due	Due Date
48 30	Upon Receipt

Account Number 100  
 Invoice Number 10173  
 Invoice Date 04/18/03  
 Page 1 of 1

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

# Invoice

Please call 5204587900 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
04/18/03	100886	VARGAS JAVIER		48 30
<b>Invoice Total</b>				<b>48 30</b>

### CORE-MARK

5545 W LATHAM ST  
PHOENIX AZ 85043

Please make checks payable to

**QUALITY INN**

Account Number	Invoice Number	Amount Due	Due Date
100	10173	48.30	Upon Receipt

Please return this stub with your payment



BY CHOICE HOTEL

# QUALITY INN

1631 S HWY 92  
SIERRA VISTA AZ 85635