B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
In re Fleming Companies, Inc.	Case Number 03-10945

NOTE 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 (Person or entity debtor owes) Fredonia Motel, Inc.
Address Line 1 10455 Bennett Rd.
Address Line 2
Address Line 3
City, ST ZIP Fredonia, N.Y. 14063

☐ 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 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 JUN 01 2003

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
AR 1282

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold ☐ Personal injury/wrongful death ☐ Retiree benefits as defined in 11 U S C § 1114(a)

☐ Services performed ☐ Taxes ☐ Wages, salaries, and compensation (Fill out below)

Your social security No _____

☐ Money loaned ☒ Other (Describe Briefly) Hotel Room Rental

Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred. (MMDDYY) 01 16 03

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 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 AT TIME CASE FILED

☐ 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 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

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	100.15	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional 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, enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date	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)
5/5/03	Alice Kohn

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

Alice Kohn Front Office Manager

FILED
2003 MAY -8 PM
DISTRICT OF DELAWARE

Fleming Companies Claim
00442

****

DAYS INN (5561) BILLING STATEMENT ...DATE..04 27 03

****

DAYS INN OF DUNKIRK - FREDONIA
10456 BENNETT RD. - RT. 60
FREDONIA, NEW YORK 14063
TEL. (716) 673-1351 * FAX. (716) 673-6909

FLEMING COMPANIES, INC. AR CODE....AR1256
P.O. BOX 26647
OKLAHOMA CITY, OK 73126
ATTN. ESTERMANN

FOLIO	ROOM	AMOUNT	DATE	PAID	DATE RD	NAME OF GUEST
462436	117	45.15	11 16 03	0.00		HULLINGER
462423	257	55.00	04 27 03	[illegible]		DECKER

CURRENT	THIRTY	SIXTY	NINETY	120 +	TOTAL
55.00	0.00	0.00	45.15	0.00	100.15

TOTAL CHECK . DUE 100.15 PAID 0.00

TOTAL DUE NOW... 100.15

THANK YOU FOR YOUR BUSINESS
TOTAL DUE 15 DAYS FROM STATEMENT DATE
CHECK OUT OUR NEW BUSINESS PLACE ROOMS ON YOUR NEXT VISIT