

UNITED STATES BANKRUPTCY COURT District of DELAWARE

PROOF OF CLAIM

Name of Debtor
FLEMING COMPANIES INC

Case Number
03-10945

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)
ACCOMTEMP

Name and address where notices should be sent
DIV OF ROBERT HALF INTERNATIONAL
5720 STONERIDGE DRIVE, SUITE THREE
PLEASANTON, CA 94588
ATTN LYNDA TRAVERS
Telephone number 925-598-7694

- 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.

FILED
JUN 09 2003
BMC

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Account or other number by which creditor identifies debtor
03500-000151-000

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

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

Retiree benefits as defined in 11 U.S.C. § 1114 (a)
 Wages, salaries, and compensations (fill out below)
Your SS # _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2 Date debt was incurred
3/3/03 THROUGH 4/1/03

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed \$30,406.70
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 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
 Check this box if your claim is secured by collateral (including a right of setoff) _____
Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____
Value of Collateral \$ _____
Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6 Unsecured Priority Claim
 Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4300) * 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)
 Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
 Up to \$1,950 of deposits toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 507(a)(6)
 Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)
 Taxes or penalties of governmental units. 11 U.S.C. § 507(a)(8)
 Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____
Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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.

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Date
5/2/03

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)
LYNDA TRAVERS, RECOVERY MANAGER

Fleming Companies Claim
00448

Robert Half International
Aging Detail by Business Unit
as of 01 APR 2003

Report ID AR30003
Aging Id MAIN /STD
Currency Base Currency
Rate Type

Item	Line	As Of	Ent Typ/Rsn	Terms	Document	Cur	Amount	Future	1 30	31-60	61 90	91 120	Other
TATUS	03500	000151	FLEMING COMPANIES INC			OKLAHOMA CITY		OK					
08890739	1	03/03/2003	EXDR	REG	IMMED	N	USD	199 84			199 84		
08915710	1	03/04/2003	EXDR	REG	IMMED	N	USD	431 88			431 88		
08915717	1	03/04/2003	EXDR	REG	IMMED	N	USD	799 36			799 36		
08915722	1	03/04/2003	EXDR	REG	IMMED	N	USD	1 692 40			1 692 40		
08915723	1	03/04/2003	EXDR	REG	IMMED	N	USD	1 169 60			1 169 60		
08915724	1	03/04/2003	EXDR	REG	IMMED	N	USD	1 507 60			1 507 60		
08931783	1	03/10/2003	EXDR	REG	IMMED	N	USD	1 171 20			1 171 20		
08950079	1	03/11/2003	EXDF	PEG	IMMED	N	USD	1 692 40			1 692 40		
08950080	1	03/11/2003	EXDR	REG	IMMED	N	USD	1 169 60			1 169 60		
08950081	1	03/11/2003	EXDR	REG	IMMED	N	USD	1 498 18			1 498 18		
08950082	1	03/11/2003	EXDR	REG	IMMED	N	USD	999 20			999 20		
08985147	1	03/18/2003	EXDR	REG	IMMED	N	USD	1 353 92			1 353 92		
08985148	1	03/18/2003	EXDR	REG	IMMED	N	USD	1 169 60			1 169 60		
08985149	1	03/18/2003	EXDR	REG	IMMED	N	USD	1 507 60			1 507 60		
08985278	1	03/18/2003	EXDR	REG	IMMED	N	USD	999 20			999 20		
08985279	1	03/18/2003	EXDR	REG	IMMED	N	USD	1 171 20			1 171 20		
09019854	1	03/25/2003	EXDR	REG	IMMED	N	USD	1 692 40			1 692 40		
09019855	1	03/25/2003	EXDR	REG	IMMED	N	USD	1 169 60			1 169 60		
09019856	1	03/25/2003	EXDR	REG	IMMED	N	USD	301 52			301 52		
09019857	1	03/25/2003	EXDR	REG	IMMED	N	USD	1 171 20			1 171 20		
09020063	1	03/25/2003	EXDR	REG	IMMED	N	USD	999 20			999 20		
09054974	1	04/01/2003	EXDR	REG	IMMED	N	USD	1 171 20			1 171 20		
09054978	1	04/01/2003	EXDR	REG	IMMED	N	USD	1 692 40			1 692 40		
09054979	1	04/01/2003	EXDR	REG	IMMED	N	USD	1 169 60			1 169 60		
09054980	1	04/01/2003	EXDR	REG	IMMED	N	USD	1 507 60			1 507 60		
09054981	1	04/01/2003	EXDR	REG	IMMED	N	USD	999 20			999 20		
Total FLEMING COMPANIES INC							30 406 70		30 406 70				
Total TATUS							30 406 70		30 406 70				