

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		PROOF OF CLAIM
Name of Debtor Fleming		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) Cole's Pure Honey Co., Inc		<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 checked="" 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 Cole's Pure Honey Co., Inc P. O. Box 11150 Oakland, CA 94611 Telephone number (510) 654-3803		
Account or other number by which creditor identifies debtor		
		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 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2 Date debt was incurred <u>2-26-03, 3-10-03, 3-17-03, 3-19-03</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>30,277.58</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input 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 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 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 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 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *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.
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
Date 4-16-03	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) Robert M. Cole, Jr Pres	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 11 U.S.C. §§ 152 and 3571		

FILED

APR 25 2003

BMC

Fleming Companies Claim



00490

RECEIVED Subject to the classifications and tariffs in effect on the date of issue of this Bill of Lading INVOICE

SHIPPER & Permanent address of Shipper

COLE'S PURE HONEY CO, INC No 33519

4466 PIEDMONT AVE., PO BOX 11150 OAKLAND CA 94611

PHONE (415) 654 3803 (415) 653 3043

CARRIER

BOBRICK



CONSIGNEE SOLD TO DESTINATION

FLEMING NORCAL DIV

PPD COLLECT

DATE 3/19/03

CASES SHIPPED	CS PACK	DESCRIPTION OF HONEY ITEM	(CARRIER MUST LIST AS SHOWN)	WEIGHT	CS / OZ		AMOUNT
					UNIT	PRICE	
	12	12 oz Honey Bears					
	12	8 oz Orange Sage Clover					
	12	1 lb Orange Sage Clover Buck					
	12	1 1/2 lb Orange Sage Clover					
	12	2 lb Orange Clover					
	6	5 lb Orange Sage Clover					
	12	1 lb Wild					
	12	2 lb Wild					
	12	3 lb Wild					
132	6	5 lb Wild					
				4488	4/258624		
				5850.24			
				1/6 025523-SC			
				5 PALLETS IN			
				2 PALLETS OUT			

THE ARTICLES LISTED ABOVE ARE PROPERLY DESCRIBED PACKED MARKED AND ARE IN PROPER CONDITION FOR TRANSPORT ACCORDING TO REGULATIONS PRESCRIBED BY I C C AND C OF C G

ALL PAST DUE ACCOUNTS WILL BE CHARGED A FINANCE CHARGE OF 1 1/2% PER MONTH (EQUAL TO 18% PER YEAR)

PER [Signature]

PER _____
Signature of Consignor

Subject to Section 7

STRAIGHT BILL OF LADING - Short Form - ORIGINAL - Not Negotiable
RECEIVED Subject to the classifications and tariffs in effect on the date of issue of this Bill of Lading INVOICE

SHIPPER & Permanent address of Shipper

COLE'S PURE HONEY CO, INC No 33517

4466 PIEDMONT AVE., PO BOX 11150 OAKLAND CA 94611

PHONE (415) 654 3803 (415) 653 3043

CARRIER

BOBRICK



CONSIGNEE SOLD TO DESTINATION

FLEMING FRESNO DIV

PPD COLLECT

DATE 3/17/03

CASES SHIPPED	CS PACK	DESCRIPTION OF HONEY ITEM	(CARRIER MUST LIST AS SHOWN)	WEIGHT	CS / OZ		AMOUNT
					UNIT	PRICE	
	12	12 oz Honey Bears					
	12	8 oz Orange Sage Clover					
	12	1 lb Orange Sage Clover Buck					
	12	1 1/2 lb Orange Sage Clover					
	12	2 lb Orange Clover					
	6	5 lb Orange Sage Clover					
	12	1 lb Wild					
11	12	2 lb Wild					4500.45
99	12	3 lb Wild					4432.438768
110	6	5 lb Wild					3640
				3640			
				1/6 328540-FS			4882.68
				3 PALLETS IN			
				3 PALLETS OUT			

THE ARTICLES LISTED ABOVE ARE PROPERLY DESCRIBED PACKED MARKED AND ARE IN PROPER CONDITION FOR TRANSPORT ACCORDING TO REGULATIONS PRESCRIBED BY I C C AND C OF C G

ALL PAST DUE ACCOUNTS WILL BE CHARGED A FINANCE CHARGE OF 1 1/2% PER MONTH (EQUAL TO 18% PER YEAR)

PER [Signature]

PER _____
Signature of Consignor

Subject to Section 7

SHIPPER & Permanent address of Shipper
COLE'S PURE HONEY CO., INC No **33511**
 4466 PIEDMONT AVE., PO BOX 11150 OAKLAND, CA 94611
 PHONE (415) 654 3803 (415) 653-3043 CARRIER **BOBRICK**
 CONSIGNEE SOLD TO DESTINATION **FLEMING PRESNO DIV** HONEY COLLECT

DATE **3/10/08**

CASES SHIPPED	CS PACK	DESCRIPTION OF HONEY ITEM (CARRIER MUST LIST AS SHOWN)	WEIGHT	CS / DZ UNIT PRICE		AMOUNT
				CS	DZ	
	12	12 oz Honey Bears				
	12	8 oz Orange Sage Clover				
	12	1 lb Orange Sage Clover Buck				
	12	1 1/2 lb Orange Sage Clover				
	12	2 lb Orange Clover				
	6	5 lb Orange Sage Clover				
112	12	1 lb Wild		2383	266896	
55	12	2 lb Wild		4152	228360	
	12	3 lb Wild				
55	6	5 lb Wild		3802	209110	
222				5652		

\$6303756-FF 104366

**0 PALLETS IN
3 PALLETS OUT**

THE ARTICLES LISTED ABOVE ARE PROPERLY DESCRIBED PACKED MARKED AND ARE IN PROPER CONDITION FOR TRANSPORT ACCORDING TO REGULATIONS PRESCRIBED BY I C C AND C OF C G

ALL PAST DUE ACCOUNTS WILL BE CHARGED A FINANCE CHARGE OF 1 1/2% PER MONTH (EQUAL TO 18% PER YEAR)

PER _____

Subject to Section 7

PER _____
Signature of Consignor

on the date of issue of this Bill of Lading INVOICE
 SHIPPER & Permanent address of Shipper
COLE'S PURE HONEY CO., INC No **33395**
 4466 PIEDMONT AVE., PO BOX 11150 OAKLAND, CA 94611
 PHONE (415) 654-3803 (415) 653 3043 CARRIER **BOBRICK**
 CONSIGNEE SOLD TO DESTINATION **FLEMING NORCAL DIV** HONEY COLLECT

DATE **2/26/08**

CASES SHIPPED	CS PACK	DESCRIPTION OF HONEY ITEM (CARRIER MUST LIST AS SHOWN)	WEIGHT	CS / DZ UNIT PRICE		AMOUNT
				CS	DZ	
	12	12 oz Honey Bears				
	12	8 oz Orange Sage Clover				
	12	1 lb Orange Sage Clover Buck				
	12	1 1/2 lb Orange Sage Clover				
	12	2 lb Orange Clover				
	6	5 lb Orange Sage Clover				
84	12	1 lb Wild		2391	209172	
132	12	2 lb Wild		4152	48064	
	12	3 lb Wild				
132	6	5 lb Wild		3802	501864	
348				10356		

\$6758653-SC 12501.00

**24 PALLETS IN
5 PALLETS OUT**

MAR 28 2008

THE ARTICLES LISTED ABOVE ARE PROPERLY DESCRIBED PACKED MARKED AND ARE IN PROPER CONDITION FOR TRANSPORT ACCORDING TO REGULATIONS PRESCRIBED BY I C C AND C OF C G

ALL PAST DUE ACCOUNTS WILL BE CHARGED A FINANCE CHARGE OF 1 1/2% PER MONTH (EQUAL TO 18% PER YEAR)

PER _____

Subject to Section 7

PER _____
Signature of Consignor