

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
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REC'D JUN 01 2003

In re <u>Fleming Companies Inc.</u>	Case Number <u>03-10945</u>
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NOTF 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) <u>Cathouse Farm 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.
Address Line 1 <u>2221 Mustang Way</u>		
Address Line 2		
Address Line 3		
City, ST ZIP <u>Madison WI 53716</u>	<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

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	<input type="checkbox"/> replaces <input type="checkbox"/> amends Check here if this claim _____ a previously filed claim dated _____
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1 BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe Briefly)	2 Date Debt Incurred (MMDDYY) <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;">03</td> <td style="width: 20px;">24</td> <td style="width: 20px;">03</td> </tr> </table>	03	24	03			
03	24	03					
Your social security No _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	3 If Court Judgment, Date Obtained <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>						

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

<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____	<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> 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) <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"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____
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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.

5 AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)					2340.00					(Unsecured Priority)				

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.

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Date <u>4-24-03</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>Willie L. Preced</u>
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Penalty for presenting fraudulent claims: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Fleming Companies Claim

 00506

OAKHOUSE FARM BAKERY

2221 Mustang Way/Madison, WI 53718-6767
Phone 608/223-9808

ROUTE NO	
61449	

SOLD TO

FLEMING MARSHFIELD
1700 LAEMLE

MARSHFIELD, WI 54449

SHIP TO

FLEMING MARSHFIELD / 1700 LAEMLE
DIVISION / MARSHFIELD WJ 54449

ORDER NO	INVOICE NO	ACCOUNT NO	DATE	PAYMENT TERMS
50-006116	762493	00524	05/24/03	2-10 NET 30

QUANTITY	PROD NO	DESCRIPTION	UNIT PRICE	AMOUNT
10.00	1401	MUFFIN BANANA CASE-FRO	22.00	220.00
20.00	1402	MUFFIN BLUEBERRY CASE-PRO	22.00	440.00
5.00	1403	MUFFIN APPLE CIN. CASE-PRO	22.00	110.00
5.00	1404	MUFFIN R. BRAN CASE-PRO.	22.00	110.00
10.00	1405	MUFFIN CRANBERRY CASE-FRO	22.00	220.00
5.00	1406	MUFFIN CHOC. CHNK. CASE-PRO	22.00	110.00
15.00	1407	MUFFIN LEM. POPPY CASE-FRO	22.00	330.00
5.00	1413	MUFFIN SPAN. CRN. CHS. CASE-	22.00	110.00
5.00	1801	WRAP. MUFFIN BANANA NUT CS	23.00	115.00
5.00	1802	WRAP. MUFFIN BLUEBERRY CS.	23.00	115.00
5.00	1805	WRAP. MUFFIN CRANBERRY CS.	23.00	115.00
15.00	1807	WRAP. MUFFIN LEMON POPPLES.	23.00	345.00

Instructions/Comments:

15 per month INTEREST CHARGE on all accounts over
30 days ANNUAL PERCENTAGE RATE 18%

CUSTOMER SIGNATURE /

DATE

\$ 2340.00

TOTAL DUE