

<b>UNITED STATES BANKRUPTCY COURT</b> For the District of Delaware	<b>PROOF OF CLAIM</b>
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In re \_\_\_\_\_ Case Number 03 10945 (MFW)

**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) Fleming Companies Inc

**Address**  
Line 1 650 PENCADER DR

**Address**  
Line 2 \_\_\_\_\_

**Address**  
Line 3 \_\_\_\_\_

**City, ST ZIP** Newark DE 19702

- 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 MAY 15 2003

**THIS SPACE IS FOR COURT USE ONLY**

**ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR** \_\_\_\_\_

Check here if this claim  replaces a previously filed claim dated \_\_\_\_\_  
 amends \_\_\_\_\_

- 1 BASIS FOR CLAIM**
- |  |   |   |
|--|---|---|
| <input 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 checked="" 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) _____ | Your social security No. _____  |
- Unpaid compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2 Date Debt Incurred (MMDDYY)**

0	3	/	0	3	/	0	3
0	3	/	0	3	/	0	3

**3 If Court Judgment, Date Obtained**

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- 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.
- |   |   |
|---|---|
| <p><input type="checkbox"/> <b>SECURED CLAIM</b><br/>Attach evidence of perfection of security interest. Brief Description of Collateral:</p> <p><input type="checkbox"/> Real Estate   <input type="checkbox"/> Motor Vehicle   <input type="checkbox"/> Other (Describe briefly) _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____</p> <p><input type="checkbox"/> <b>UNSECURED NONPRIORITY CLAIM</b><br/>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.</p> | <p><input checked="" type="checkbox"/> <b>UNSECURED PRIORITY CLAIM - Specify the priority of the claim.</b></p> <p><input checked="" 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 a business whichever is earlier - 11 U.S.C. § 507(a)(3)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)</p> <p><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)</p> <p><input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____</p> |
|---|---|

**5 AMOUNT OF CLAIM AT TIME CASE FILED**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>(Secured)</p>											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>(Unsecured Nonpriority)</p>											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>(Unsecured Priority)</p>											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p style="font-size: 24pt;">1479.00</p>										

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**

MAY 21 2003

Fleming Companies Claim  
00603

Date: 4-21-03

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): RAYLENE VISITACION, OWNER

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.

***Crystal Cleaning***  
***215 Buttonwood Road***  
***Elkton, MD 21921***

*Invoice*

<b>Bill To</b>
Fleming Foods Wayne Dubasak 4 center Dr North East MD 21901

<b>Date</b>	<b>Invoice #</b>
3/29/2003	773

<b>Terms</b>	<b>Due Date</b>
Net 15	4/13/2003

<b>Description</b>	<b>Serviced</b>	<b>Amount</b>
Cleaning of office property 5 x a week billed monthly	3/1/2003 3/31/2003	0 00 1,479 00
<b>Total</b>		<b>\$1,479 00</b>
<b>Payments/Credits</b>		<b>\$0 00</b>
<b>Balance Due</b>		<b>\$1,479 00</b>