


UNITED STATES BANKRUPTCY COURT <u>JUDGE HAL RATH</u> DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor <u>FLEMING CO. INC.</u>		Case Number <u>03-10945</u>
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) <u>DADE ENTERPRISES dba AKERS FIRST FLEET</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 <input 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 <u>DADE ENTERPRISES dba AKERS FIRST FLEET 19601 HWY 303 ROGERS, AR. Telephone number <u>479 925 3326 72156</u></u>		
Account or other number by which creditor identifies debtor <u>0055</u>		THIS SPACE IS FOR COURT USE ONLY
Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends		
1 Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>TRUCKING FEES</u> <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 <u>02/17</u> to <u>02/24</u> <u>LOAD 5364</u> to <u>LOAD 5367</u> (date) (date)		
2 Date debt was incurred. <u>02/17 02/24</u>		3. If court judgment, date obtained
4. Total Amount of Claim at Time Case Filed. \$ <u>1720.</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 checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>1720</u> 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		THIS SPACE IS FOR COURT USE ONLY FILED JUN 11 2003 BMC Fleming Companies Claim  00829
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.		
Date <u>6/1/03</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>Deborah Akers CFO</u>	
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		

WE DEPOSITED CHECK TWICE FOUND TO BE NSF

Division	Invoice Date	Receipt Date	Inv No / Credit Request	Amount	Discount
LAFAYETTE	02/17/03	03/11/03	5367 0568906-LF	810 00	0 00
LAFAYETTE	02/24/03	03/11/03	5364 0568901-LF	910 00	0 00

DATE OF CHECK 03/25/03

AMOUNT OF CHECK \$1,720 00

3-28 03
 QB ✓
 BR

"4/13" "5/20"
 "4/26" "5/27"

SEE INFORMATION ON BACK

DADE Enterprises Inc.

19601 HWY 303
 ROGERS, AR 72756
 (877) 894-8911 FAX (479) 925-3346
 MC # 381224-B SCAC # DEEE



PRO-NUMBER 5364
 (Please reference Pro-Number when paying invoice)

INVOICE DATE 02/24/03

SHIP DATE 02/07/03

BILL TO FLEMING FOODS
 113 KOL DRIVE
 BROUSSARD, LA 71518

PURCHASE ORDER # 0568901-LF

BILL OF LADING # 568901

SHIPPER / ORIGIN CLIFFSTAR CORP
 3502 ENTERPRISE AVE
 JOPLIN, MO 64801

CONSIGNEE / DESTINATION FLEMING FOOD
 113 KOL DRIVE
 BROUSSARD, LA 70518

NOTE

QTY	DESCRIPTION WORK PERFORMED	RATE / STOP	WEIGHT (lbs)	MILES	RATE PER MILE	FLAT RATE	CHARGES
29P	Juice		42664			850 00	850 00
	Lumper Fee						60 00
	Check Nsf 23572299						
Terms Due upon receipt.						TOTAL	\$910 00

DADE Enterprises Inc.

19601 HWY 303
 ROGERS, AR 72756
 (877) 894-8911 FAX (479) 925-3346
 MC # 381224-B SCAC # DEEE



PRO-NUMBER 5367
 (Please reference Pro-Number when paying invoice)

INVOICE DATE 02/17/03

SHIP DATE 02/05/03

BILL TO

FLEMING FOODS
 113 KOL DRIVE
 BROUSSARD, LA 71518

PURCHASE ORDER # 0568906-LF

BILL OF LADING # 568906

SHIPPER / ORIGIN

PAPAS FOODS
 300 E HUNTSVILLE
 SPRINGDALE, AR

CONSIGNEE / DESTINATION

FLEMING FOOD
 113 KOL DRIVE
 BROUSSARD, LA 70518

NOTE

QTY.	DESCRIPTION WORK PERFORMED	RATE / STOP	WEIGHT (lbs)	MILES	RATE PER MILE	FLAT RATE	CHARGES
22P	Canned Goods		40740			750 00	750 00
	Lumper Check Nsf 23572299						60 00
Terms Due upon receipt						TOTAL	\$810 00

DADE Enterprises Inc APPRECIATES YOUR BUSINESS