FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____

PROOF OF CLAIM

Name of Debtor	Case Number
Fleming Companies Inc	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)

Lafayette Spring Co Inc

Name and address where notices should be sent

Lafayette Spring Co Inc
P O Box 60757
Lafayette LA 70596
Telephone number 337 235-1142

☐ 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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

#1328

Check here if this claim ☐ replaces ☐ 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 compensation (fill out below)

  Your SS # _____ _____ _____

  Unpaid compensation for services performed

  from _____ (date) to _____ (date)

2. Date debt was incurred. 2/27/2003

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed $ 109.64

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 $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)
- ☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
- ☐ 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)
- ☐ Alimony maintenance or support owed to a spouse former spouse, or child - 11 U S C § 507(a)(7)
- ☐ Taxes or penalties owed to 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 4/1/04 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

FILED
JUN 09 2003
BMC

Fleming Companies Claim
00834

Date	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)
6/4/2003	Cathy Touchet, Office Administrator

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both

Cathy Touchet Office Administrator

INVOICE

LAFAYETTE SPRING CO, INC.

Sales • Service • Parts

(337) 235-1142

1517 West Willow
PO Box 60757
Lafayette, LA 70596 0757

Springs for Automobiles
Trucks & Trailers
Complete Wheel Alignment

FLEMING FOODS
P O. BOX 900
108 KOL DRIVE
BROUSSARD, LA 70518
(337)839-3800

1328

THANK YOU FOR YOUR BUSINESS !!

SALE
[redacted] 45262 1
2/27/00
5:54pm

TICKET	SLSMN	PO NUMBER	TERMS	ID	BILL ACCT		PAGE
17828	SHANE		NET 30 DAYS	3	1328		1 of 1

QTY	BKO	LINE	PART NO	CORE	JOBBER	EACH	EXTENDED AMOUNT
2	0	bras	T8-7-4X26	THREADED ROD	.00		10.59 21.18 T
4	0	flag	U8W75	3/4 U-BOLT WASHE	.00		.22 .88 T
2	0	GAU	05300	KW SPACER	.00		28.00 56.00 T
2	0	flag	CBL120	CENTERBOLT SLEE	.00		57 1 14 T

4 HEND

SALES	CREDITS	UNITS	ITEMS	FREIGHT	CORE	LABOR	SUBTOTAL	101 52
101 52	.00	17	7	.00	.00	.00		
								8 12
				(LA)	4.06			00
				(LA)	4 06		[redacted]	109 64

Debit

Received by X _____

SEE TERMS & CONDITIONS ON BACK

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM

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: P O Box 900

Address Line 2: 108 Kol Drive

Address Line 3:

City, ST ZIP: Broussard LA 70518

☐ 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

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

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

1. BASIS FOR CLAIM

☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (Describe Briefly)
☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)
Your social security No._____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred: (MMDDYY) 02 27 03

3. If Court Judgment, Date Obtained:

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.

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☒ 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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ 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)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
☐ 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)
☐ Taxes or penalties of governmental units 11 U.S.C. § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____

5. AMOUNT OF CLAIM AT TIME CASE FILED*

(Secured) | 109.64 (Unsecured Nonpriority) | (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, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date: 4/17/2003

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)

Cathy Touchet / Cathy Touchet / Office Administrator

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.

LAFAYETTE SPRING CO , INC

April 17, 2003

Hon Mary J Walrath
United States Bankruptcy Court
District of Delaware
824 N Market St
5th Floor
Wilmington Delaware 19801

Dear Madam

Please record the enclosed Proof of Claim for Fleming Companies, Inc Case Number 03-10945-MFW A stamped addressed envelope is enclosed for return of a file stamped copy as acknowledgement of filing this claim

If you require any further information, please contact me at the number below Your assistance is greatly appreciated

Sincerely,

Cathy Touchet
Office Administrator

encl

CC Pachulski, Stang, Ziehl
919 N Market St
16th Floor
Wilmington, DE 19899

P O BOX 60757 • LAFAYETTE, LA • 70596
PHONE 337-235-1142 • FAX 337-235-1108

FOR DEPOSIT
LAFAYETTE SPRING CO
ACCT NO 11190005

04/04/03
111900057
04/04/03 C5 $105

14 BKI-TX 04/08/2003 13148

AP 03 03
BANK ONE
1901 PARKWOOD
BEDFORD TX 76021
111900057

INVOICE

LAFAYETTE SPRING CO, INC.

Sales • Service • Parts

(337) 235-1142

1517 West Willow
P O Box 60757
Lafayette, LA 70596-0757

Springs for Automobiles
Trucks & Trailers
Complete Wheel Alignment

FLEMING FOODS
P O BOX 900
108 KOL DRIVE
BROUSSARD, LA 70518
(337)839-3800

1328

SALE
[redacted] 45262 1
2/27/00
2:54pm

THANK YOU FOR YOUR BUSINESS !!

TICKET	SLSMN	PO NUMBER	TERMS	ID	BILL ACCT		PAGE
17828	SHANE		NET 30 DAYS	S	1328		1 of 1

QTY	BKO	LINE	PART NO	CORE	JOBBER	EACH	EXTENDED AMOUNT
2	0	tras	TA-2-4X26	THREADED ROD	.00		10.59	21.18 T
[redacted]							
4	0	flan	UBW75	3/4 U-BOLT WASHE	.00		.22	.88 T
[redacted]							
2	0	GAU	05300	KW SPACER	.00		28.00	56.00 T
[redacted]							
2	0	flan	CBL120	CENTERBOLT SLEE	.00		.57	1.14 T
		4	HEND				

SALES	CREDITS	UNITS	ITEMS	FREIGHT	CORE	LABOR	SUBTOTAL	101 52
101 52	.00	17	7	00	00	00		

		8 12
(LA)	4 06	00
(LA)	4 06	109 64

[redacted] Debit

Received by X [redacted]

SEE TERMS & CONDITIONS ON BACK

LAFAYETTE SPRING CO., INC.
1517 W WILLOW STREET
P O BOX 60757
LAFAYETTE, LA 70596-0757
(337) 235-1142

FLEMING FOODS
P O BOX 900
108 KOL DRIVE
BROUSSARD, LA 70518
(337)839-3800

1328

SALE
045268 * 3
02/27/03
2 54pm

THANK YOU FOR YOUR BUSINESS !!

17828 SHANE NET 30 DAYS 3 1328 1 of 1

3*	2	0	tras	T8-3-4X26	THREADED ROD	00	10 59	21 18	T
3	4	0	flag	DN4	3-4-16 GR 8	00	38	1 52	T
3	4	0	flag	UBW75	3/4 U-BOLT WASHE	00	22	88	T
3	1	0	STP	952	UNI-WEDGE 1 DEG	.00	16 68	16 68	T
3	2	0	GAU	05300	KW SPACER	00	28 00	56 00	T
3*	2	0	flag	CB120500	CENTERBOLT W/NUT	.00	2 06	4 12	T
3	2	0	flag	CBL120	CENTERBOLT SLEE	00	57	1 14	T

3 t
3 t 4 HEND

COPY

101 52

101 52 00 17 7 00 .00 00

8 12
(LA) 4 06 00
(LA) 4 06 109 64
Debit

LAFAYETTE SPRING CO , INC

June 5, 2003

Bankruptcy Management Corporation
P O Box 900
El Segundo, CA 90245-0900

RE Fleming Companies, Inc
Case #03-10945

To Whom It May Concern

You will find enclosed a proof of claim form for the above referenced case Please process and forward an acknowledgement of the filing of this claim in the enclosed envelope

Please note that this claim was previously filed with the United States Bankruptcy Court in the District of Delaware A copy is attached

If you require any further information, please contact me at the number below

Sincerely,

Cathy Touchet
Office Administrator

Enclosures

P O BOX 60757 • LAFAYETTE, LA • 70596
PHONE 337-235-1142 • FAX 337-235-1108