

**UNITED STATES BANKRUPTCY COURT  
District of Delaware**

**PROOF OF CLAIM**

In re (Name of Debtor) <b>Fleming Companies</b>	Case No <b>03-10945</b>
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NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. §503

Name of Creditor <b>Sanford LP, subsidiary of Newell Rubbermaid, Inc</b>	<input type="checkbox"/> Check box if you are aware that anyone 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 checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Addresses Where Notice Should Be Sent <b>Attn Gary Popp Newell Rubbermaid Inc 29 East Stephenson Street, FL1638 Freeport, IL 61032</b>	
Telephone No <b>(815) 233-8031</b>	

**REC'D JUN 12 2003**

**THIS SPACE IS FOR  
COURT USE ONLY**

Account or other number by which creditor identifies debtor <b>FL1638</b>	Check here if this Claim <input type="checkbox"/> replaces a previously filed Claim, dated _____ <input type="checkbox"/> amends
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<b>1 BASIS FOR CLAIM</b> <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 (Describe briefly) _____	<input type="checkbox"/> Retiree benefits as described in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages salaries and compensation (fill out below)  Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
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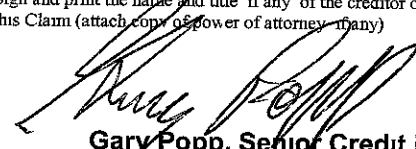
<b>2 DATE DEBT WAS INCURRED</b> <b>See attached statement</b>	<b>3 IF COURT JUDGMENT DATE OBTAINED</b>
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<b>4 CLASSIFICATION OF CLAIM</b> Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured. It is possible for part of a claim to be one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describes your Claim and STATE THE AMOUNT OF THE CLAIM.	
<input type="checkbox"/> <b>SECURED CLAIM \$ _____</b> 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 included in secured claim above If any \$ _____	<input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM \$ _____</b> Specify the priority of the claim. <input type="checkbox"/> Wages salaries or commissions (up to \$2000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 §507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$900 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 11 U.S.C. §507(a)(2) (a)(5) (Describe briefly) _____
<input checked="" type="checkbox"/> <b>UNSECURED NONPRIORITY CLAIM \$ <u>6,531.36</u></b> 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.	

<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>6,531.36</u> (Unsecured)      \$ _____ (Secured)      \$ _____ (Priority)	<b>\$ 6,531.36</b> (Total)
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.	

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<b>6 CREDITS AND SETOFFS</b> 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.
<b>7 SUPPORTING DOCUMENTS</b> 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.
<b>8 TIME-STAMPED COPY</b> To receive an acknowledgement of the filing of your Claim, enclose a stamped, self-addressed envelope and copy of this Proof of Claim.

Date <b>6/2/03</b>	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)   <b>Gary Popp, Senior Credit Manager</b>
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DISTRICT OF DELAWARE  
 JUN 6 AM 11:11

*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*





SANFORD LP  
VENDOR NO  
CUSTOMER NO FL1638-00000

DATE 05/22/2003 PAGE 1

DUNS# 005067574

CTP/MEMPHIS GMD  
FLEMING INC  
PO BOX 268865  
OKLAHOMA CITY OK 73126-8865

PLEASE REMIT TO
SANFORD LP
P.O. BOX 92026
CHICAGO IL 60675-2026

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DATE	STORE	DEPT	OUR REFERENCE NO	AMOUNT	P O NUMBER	REMARKS
03/21/2003	00001	SNSN	037172093	2,129.76	598829-MG	PAST DUE 17 DAYS
03/21/2003	00001	SNSN	037174417	1,329.12	617330-MG	PAST DUE 17 DAYS
03/31/2003	00001	SNSN	037303134	3,072.48	644960-MG	PAST DUE 7 DAYS

6,531.36 TOTAL OUTSTANDING

CURRENT	1-30 DAY	31-60 DAYS	61+ DAYS
.00	6,531.36	.00	.00

SNSN = SANFORD LP

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 IF YOU HAVE ANY QUESTIONS ABOUT YOUR ACCOUNT, YOU CAN CALL YOUR CREDIT REP  
 AMY SMITH @ 800-449-5425 EXT 1647 OR FAX YOUR REP AT 815-233-8639  
 OR E-MAIL YOUR REP AT AMY.POLHILLSMITH@NEWELLCO.COM .  
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STATEMENT OF ACCOUNT