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

UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM

In re FLEMING COMPANIES, INC., ET AL

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) MARKET LINK INDUST INC

Address Line 1 P.O. BOX 1127

Address Line 2

Address Line 3

City, ST ZIP SPARTANBURG SC 29304-1127

☐ 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 JUN 19 2003

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) 03 06 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) | 1,555.20 (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 enclosed a stamped, self addressed envelope and copy of this proof of claim.

Date 06-09-03

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) PAUL D. KOUNTZ, CFO

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

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IN RE: FLEMING COMPANIES, INC., ET AL.

Fleming Companies Claim

01131

Invoice

MARKET LINK INDUSTRIES, INC.

P O BOX 1127
SPARTANBURG, SC 29304-1127
Phone 864/580-5465
Fax 864/580-5463

Date	Invoice #
3/6/2003	32012

Bill To
AMI 311 Reed Circle Corona, CA 92879

Ship To
AMI 311 Reed Circle Corona, CA 92879

P O Number	Terms	Rep	Ship	Via	F O B	Project
92-0769110	2% 10, Net 30		3/6/2003	UPS	Destination	

Quantity	Item Code	Description	Price Each	Amount
9	DC01	Dip Clip (Case of 144 Units)	172 80	1,555 20

THANKS FOR YOUR BUSINESS!!

Total $1,555 20

AMI FACSIMILE

ALLIED MERCHANDISING INDUSTRY

Date ■ 2/28/03 Time ■ 15 10 20 Pages ■ including cover

To ■ RON KOUNTZ Fax # ■ 864 580-54(Phone # ■ 8(6 714-5465

Company ■ MARKET LINK INDUSTRIES

Address ■ 104 VENTURE BLVD SPARTENBURG SC 293063805

From ■ CINDY BLATCHLEY Fax # ■ 909 279-1371 Phone # ■ 909 272-4790

Re ■ Purchase Order# 02 - 0769110

Memo ■

NO SUBSTITUTIONS -- WILL NOT ACCEPT IF UPC OR CASE PACK IS DIFFERENT
ALL SHIPMENTS MUST HAVE APPOINTMENT PRIOR TO DELIVERY
PLEASE NOTIFY OF ANY CHANGES OR INCORRECT INFORMATION TO 909/272-4790

FAX ORDER CONFIRMATION TO 909-279-1371 WITHIN 24 HOURS

TRUCK LINES MUST SORT AND SEGREGATE UPON DELIVERY

3/3/02

FAX TO: 909-279-1371
Order confirmed - MARKET LINK IND, INC

ALLIED MERCHANDISING INDUSTRY

PURCHASE ORDER

PEGISTER #

SHIP TO	VENDOR	ORDER DATE 2003 03-28	866-714-5465	PAGE 1 OF 1
AMI 311 PEED CIRCLE CORONA CA 92879 USA	09 MARKET LINK INDUSTRIES P O BOX 112 SPARTENBURG SC 293063805 IRON KOUNTZ	ARRIVAL DATE 2003-03-07 Friday PAYMENT TERMS DISCOUNT BRACKET 2 000 % 10 Da FOB	304 580-5463	PURCHASE ORDER # 03-07CD110 THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES BILLS OF LADING SHIPPING CONTAINERS AND PACKING LISTS STANDING ORDER #

CS RCVD	PURCHASED BY	VENDOR #	SUB #	BUYER #	FOB	WEIGHT	CU VOL	CASES
		94520	00	921		72		9

✓	QUANTITY ORDERED	PURCH UNIT	UPC CODE	ITEM # NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	SELL UNITS ORDERED	OFF INVOICE ALLOWANCE	OTHER ALLOWANCE EC	UNIT COST	EXTENDED COST	/E	WHSE LOCATION
	9	CS	54442 00001	572099	DIP CARRY CLIP CNTR DSPLY	DC01 12 CT	12	108						
					**********									
					##ORDER SENT VIA FAX##									
					GIANT									
					2% 10 NET 30 / 15 DAY LEAD / 15 CS MIN									
					EMAIL MARKETLINKPROMOS@AOL COM									
	-9							108	00	00				

IN RUCTIONS EEMI 2013 L3 JW CE AUL B LL OF LA ING F INE AD VE DISTRIBUTION CENTER

N JUCT SUBSTITUTIONS EITHER IN FACMN R PRICE WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM SIGN DISTRIBUTION CENTER WE RESERVE THE RIGHT TO RETURN ANY OR ALL PREMATURE SUBSTITUTED MERCHANDISE WITHOUT PRIOR AUTHORITY OR FOR ALL MERCHANDISE SHIPPED LATE OR HAVING EARLY DATE OR DIFFERENT PAYMENT