

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Delaware **PROOF OF CLAIM**

Name of Debtor Fleming Companies INC Case Number 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) Constantin Alexandru 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.

Name and address where notices should be sent 31-23 77th St Check box if you have never received any notices from the bankruptcy court in this case.

JACKSON HEIGHTS NY 11370 Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number 718-426-5349

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

Goods sold Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Wages, salaries, and compensation (fill out below)

Money loaned Your SS # 112 78 7624

Personal injury/wrongful death Unpaid compensation for services performed

Taxes from _____ to _____

Other _____ (date) (date)

2 Date debt was incurred 11/11/02 **3 If court judgment, date obtained** _____

4 Total Amount of Claim at Time Case Filed \$ 500,000.00

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 \$4,600) * 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)(9)

Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____)

* Amounts are subject to adjustment on 4/1/04 and every 5 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.


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FILED

JUN 25 2003

BMC

Fleming Companies Claim



01170

Date 6/20/03 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)

Alford