

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

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor FLEMING	Case Number 03-10945	REC'D JUN 26 2003
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) GRAHAM SHIP BY TRUCK COMPANY	<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 checked="" 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: PO BOX 2936 KANSAS CITY KS 66110-2936	Telephone number: (913) 221-7575	
Account or other number by which creditor identifies debtor	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends _____	THIS SPACE IS FOR COURT USE ONLY
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 _____		
<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 _____ to _____ (date) (date)		
2. Date debt was incurred <u>27/17/03, 27/20/03 3/14/03</u>	3. If court judgment, date obtained.	
4. Total Amount of Claim at Time Case Filed. \$ <u>1,942.54</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 type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ 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)(____) <small>*Amounts are subject to adjustment on 11/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
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
Date: 6/17/03	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). RICHARD R. ARNOLD, PRESIDENT	

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



TRAILER 6226	POS 005	ROUTING CENTRAL
SEQUENCE NO 001 567-6817		

GRAHAM

SHIP BY TRUCK CO.

PRO	829127-6
DATE	2/17/03

ORIGINAL
GENERAL
OFFICE
913/621-7596

MEMPHIS GMD
4681 BURBANK
MEMPHIS TN 38118

SHIPPER NO 55682
G M D - FLEMING
7215 S TOPEKA BLVD
TOPEKA KS 66619

PLEASE
MAIL
REMITTANCE

ADVANCE CARRIER PRO NO AND DATE CC

FEDERAL LAW REQUIRES PAYMENT
OF THESE CHARGES WITHIN 15 DAYS 399

PIECES	DESCRIPTION	WEIGHT	RATE	CHARGES
9	PLTS PALMA OVENWARE DENSITY 5 18 PCF CL150 PO #021703 FSC DISC ** SPECIAL INSTRUCTIONS** REVENUE ONLY PRO 829127-6	5220	6110 M	318942 5741 175418
TOT PCS	ADVANCE	GRAHAM	BEYOND	PPD/COLL TOTAL
9		492 57	1,000 08	5220 PPD 149265

AT
ONCE
TO
PO BOX
411664
KANSAS CITY,
MO 64141-1664

TRAILER 9230	POS 2	ROUTING VITRAN
SEQUENCE NO 002 567-7530		

GRAHAM

SHIP BY TRUCK CO.

PRO	829352-0
DATE	2, 20/03

ORIGINAL
GENERAL
OFFICE
913/621-7596

00200-0200

UNILEVER % GENCO RTN
2601 INDUSTRIAL BLVD
JEFFERSON CTY MO 65109

SHIPPER

SHIPPER NO 36706
G M D - FLEMING
7215 S TOPEKA BLVD
TOPEKA KS 66619

PLEASE
MAIL
REMITTANCE
AT
ONCE
TO
PO BOX
411664
KANSAS CITY,
MO 64141-1664

ADVANCE CARRIER PRO NO AND DATE CC FEDERAL LAW REQUIRES PAYMENT OF THESE CHARGES WITHIN 15 DAYS

PIECES	DESCRIPTION	WEIGHT	RATE	CHARGES
3	PLTS OF 20&1 PCS SUAVE POND PRODUCTS RA #1236706	1255	4491	56362
	FSC DISC		M	1015
	** SPECIAL INSTRUCTIONS** WEIGHED IN KC REVENUE ONLY PRE ASSIGNED PRO #829352-0			30999
TOT PCS	ADVANCE	GRAHAM	BEYOND	PPD/COLL TOTAL
3		118 70	145 08	1255 PPD 26378