

United States Bankruptcy Court  
District of **Delaware**

**PROOF OF CLAIM**

In re (Name of Debtor)  
**Richmar Foods Inc**

Case Number  
**03-10972**

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)  
**FEDERAL EXPRESS CORPORATION**

Name and Address Where Notices Should be Sent  
**FEDERAL EXPRESS CORPORATION  
ATTN REVENUE RECOVERY/BANKRUPTCY  
2005 CORPORATE AVENUE, 2<sup>nd</sup> FLOOR  
MEMPHIS, TN 38132**

Telephone No **901-395-7350**

- Check box if you are aware that any one 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 JUL 10 2003

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

**169911053**

- Check here if this claim replaces a previously filed claim, dated \_\_\_\_\_
- amends

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 number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2 DATE DEBT WAS INCURRED  
**SEE ATTACHED**

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 \$31 78**  
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 \$4000) \* 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 \$1 800 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 of 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 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED

**\$31 78** (Unsecured)      \$ \_\_\_\_\_ (Secured)      \$ \_\_\_\_\_ (Priority)

**\$31.78** (Total)

Check this box if claim includes charges in addition 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

Date  
**6/18/03**

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)

*Angela Fleming*  
Angela D Fleming, Treasury Agent FEDERAL EXPRESS

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Federal Express Corporation		STATEMENT OF ACCOUNT	
FILE NAME	Richmar Foods Inc	6/18/03	
CASE #	03-10972	FILE DATE.	4/1/03
CHAPTER	11	STATE/DIST	Delaware /

Master Account	Account Number	Invoice Number	Invoice Date	Invoice Amount
169911053	55401993	4-613 87220	3/26/03	\$31 78
			<b>Account Total</b>	<b>\$31 78</b>
			<b>Grand Total</b>	<b>\$31 78</b>

**GRAND TOTAL.            \$31.78**