

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>Fleming Companies Inc.</u>		Case Number <u>03-10945</u>
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) <u>Alternative Health Ser.</u>		<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 <u>Alternative Health Services P O BOX 51775 Lafayette LA 70505-1775</u> Telephone number <u>337-234-9925</u>		
Account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> of this claim replaces a previously filed claim, dated _____ <input type="checkbox"/> amend.
<b>1 Basis for Claim</b> <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)		
<b>2 Date debt was incurred</b> <u>Aug just + Nov 2002</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>403.50</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.		
<b>5 Secured Claim</b> <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 \$ _____		<b>6 Unsecured Priority Claim</b> <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. 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)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8 Supporting Documents</b> 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. <b>9 Date-Stamped Copy</b> 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 <u>7/14/03</u>	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). <u>Rose A Guidry, Office mgr.</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.		

FILED

JUL 21 2003

BMC

Fleming Companies Claim



01647

Alternative Health Services, Inc

P O Box 51775  
Lafayette, La 70505-1775

# Invoice

DATE	INVOICE NO
11/30/2002	9234

BILL TO
Fleming Companies, Inc Laf Div Tom Baston P O Bx 900 Broussard, LA 70518

BILLING PERIOD
11/01/02 - 11/30/02

FED TAX ID	TERMS	REP
72-1261901	Net 30	CD

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
	<b>DRUG TESTING SERVICES</b>			<b>496 00</b>
ON SITE	ON SITE FEE (11/16/02) pm fee	2	50 00	100 00
ON SITE	ON SITE FEE (11/27/02) - stat	1	50 00	50 00

Thank you for your business Please see attached	<b>Total</b>	\$646 00
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*pd 11/10/03 CR# 25765929 - 496.00  
Balance \$150.00*

Alternative Health Services, Inc

P O Box 51775  
Lafayette, La 70505-1775

# Invoice

DATE	INVOICE NO
8/31/2002	8844

BILL TO
<b>Tom Baston Fleming Companies, Inc Laf Div P O Bx 900 Broussard, LA 70518</b>

BILLING PERIOD
<b>08/01/02 - 08/31/02</b>

FED TAX ID	TERMS	REP
72-1261901	Net 30	CD

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
	<b>DRUG TESTING SERVICES</b>  * PLEASE SEE ATTACHED FOR ITEMIZATION ONLY			253 50

Thank you for your business Please see attached	<b>Total</b>	\$253 50
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**Attention**

Tom Baston  
Fleming Companies, Inc Laf Div  
P O Bx 900  
Broussard LA 70518

**Invoice**

**Billing Period** From 7/20/02 To 8/31/02

<b>Invoice Date</b>	<b>Invoice #</b>	<b>Payment Terms</b>	<b>TOTAL DUE</b>
08/31/2002		Net 30 days	

<b>Date</b>	<b>Description</b>	<b>D/A Details</b>	<b>Qty</b>	<b>Unit</b>	<b>Amount</b>
8/13/02	After hour on site fee	Location Lourdes Technician Ray	2 00	\$50 00	\$100 00
8/14/02	On site fee	From 3 30 to 5 p m - technician - William	1 50	\$35 00	\$52 50
8/14/02	After hour on site fee	From 5 p m to 6 p m - technician - William	1 00		\$50 00
8/13/02	Collection only	D Jeremy Boudreaux / 433-65-3029 / DOT/ 0236858543	1 00		\$12 00
8/15/02	Collection only	D Kenneth Burleson / 463-37-4192 / DOT/ 0336420674/SHY BLADD	1 00		\$12 00
8/15/02	Collection only	D Kenneth Burleson / 463-37-4192 / DOT/ 0336420685	1 00		\$12 00
8/14/02	Post accident	A Kenneth Burleson / 463-37-4192 / DOT/ 3237	1 00		\$15 00