


United States Bankruptcy Court District of Delaware		PROOF OF CLAIM	
In re (Name of Debtor) Fleming Companies Inc et al		Case Number 03 10945 (MFW) 11	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503			
Name of Creditor (The person or entity to whom the debtor owes money or property) Lawson Products Inc		<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 type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and Addresses Where Notices Should be Sent Lawson Products Inc Nevada c/o Lawson Products Inc 1666 E Touhy Ave Des Plaines IL 60018			
Telephone No (847) 827 9666 EXT 266			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 11		Check here if this claim	replaces amends a previously filed claim dated _____
1 BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) Breach of Contract		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensations (Fill out below) your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date)	
2 DATE DEBT WAS INCURRED February 18 2003		3 IF COURT JUDGEMENT 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			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secured claim above if any \$ _____		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions (up to \$2 000) 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) <input type="checkbox"/> Contributions to an employee benefit plan—U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 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"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other—11 U.S.C. §§ 507(a)(2) (a)(5)—(Describe briefly)	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 282.79 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			
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED		\$ 282.79 (Total)	
<input type="checkbox"/> Check this box if claim includes prepetition 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		THIS SPACE IS FOR COURT USE ONLY	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgements 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 acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim			
Date July 12 2003	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) <div style="text-align: center;">  Marilyn B Cohn Manager Credit Administration </div>		

REC'D JUL 24 2003

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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

Fleming Companies Claim



01677

MAJOR ACCOUNT

OPEN ITEMS
BANKRUPTCY

Busn	11000	Cust Id	07244409	Seq	1 1	Last Page	1 Of	1			
FLEMING FOODS				SALT LAKE CITY	UT	USA	Crncy	USD			
Bal	114	59	Fut	00	Cur	00	P-D	114 59			
SL Oblg Id	Oblg Date	Ref#	Agent#	Amount	Rsn	T	C	C/B	R	D	Div
_ 0507886	A	02/18/03	MV6956	78400	10	02	150				3
_ 0665136		03/11/03	MV7136	78400	104	57		*			3
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Next txn 2CO Security Status COMPLETE SC / SCOP
 F1=Help F2=Next txn F3=Exit F4=Prompt F5= F6=Change sys
 F7=Pg bwd F8=Pg fwd F9= F10= F11= F12=Cancel

BANKRUPTCY

Busn 11000 Cust Id 07244460 Seq 1 1 Last Page 1 Of 1
 FLEMING FOODS SALT LAKE CITY UT USA Crncy USD
 Bal 168 20 Fut 00 Cur 00 P-D 168 20

SL	Oblig Id	Oblig Date	Ref#	Agent#	Amount	Rsn	T	C	C/B	R	D	Div
—	0195905 A	10/28/02	MV6625	78400	50 00-	104			*			3
—	0665199	03/11/03	MV7137	78400	263 68				*			3
—	0852168	05/07/03	OV7137	78400	45 48-	JH						3
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Next txn 2C0 Security Status COMPLETE SC / SCOM
 F1=Help F2=Next txn F3=Exit F4=Prompt F5= F6=Change sys
 F7=Pg bwd F8=Pg fwd F9= F10= F11= F12=Cancel