FORM 10 PROOF OF CLAIM

United States Bankruptcy Court District of New Jersey	PROOF OF CLAIM
In re Fleming Companies	Case Number 03- 01389

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)*

Atlantic City of Electric d/b/a CONECTIV

Name and Addresses Where Notice Should be Sent
CONECTIV
REVENUE RECOVERY/BANKRUPTCY DEPT
5 COLLINS DRIVE
CARNEYS POINT, NJ 08069
with copy to

Telephone No 302-709-7606

☐ 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

☐ 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

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR SEE ATTACHED

Check here if this ☐ replaced ☐ amends a previously filed claim, dated _____

1 **BASIS FOR CLAIM**
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (Describe briefly) Electric Services Rendered

☐ Retiree benefits as defined in 11 U S C §1114(a)
☐ Wages, salaries, and compensation (Fill out below)
Your social security number_____
Unpaid compensations for services performed from (date) _____ to _____ (date)

2 **DATE DEBT WAS INCURRED** 5/2/03

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 tha best describe your claim and STATE THE AMOUNT OF THE CLAIM

☐ 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 included in secured claim above, if any $_____

☐ UNSECURED NONPRIORITY CLAIM $
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 Post Petition Electric
Specify the priority of the claim
☐ Wages, Salaries, or commissions (up to $4 300), 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)
☐ Taxes or penalties of governmental units 11 U S C §507(a)(8)
Other-- Specify section of 507(a) - 507(a)(1)

5 **TOTAL AMOUNT OF CLAIM AT TIME CASE FILED**

$_____	$_____	$ 1894.08	1894.08
(Unsecured)	(Secured)	(Priority)	(Total)

☐ Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attached 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

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FILED
JUL 25 2003
BMC

Date
Administrative Claim

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)

By Rachelle Hassler

Penalty for presenting fraudulent claim Fine of up to $500 000 00 or imprisonment for up to 5 years or both 18 U S C

Fleming Companies Claim
01734

WL #58981 v1 (19$D01! WPD)

V/ARHST ICS VIEW ACCOUNTS RECEIVABLE HISTO - AELDC 07/14/03 13 12
COMMAND LEVEL
OCA148
PAGE 1 OF

3287377-9999-4 FLEMING COMPANIES INC-DIP ACCT STA INA TYPE M
516 NEW FREEDOM WMSTWN RD SICKLERVILLE N

ACTION==> _ (A=ADJUST V=VIEW)

SUPPLIER CONECTIV POWER DELIVERY (PAYMENT RATING N 0N0 000 000 000
SERVICE TYPE ELECTRIC RATE SCHEDULE MGSSECOND
S/R 26/MGS RATE CODE SIC 500 LLN LLNO
LAST MO BILLED 05/03 BILL CLOSING DATE 05/09/03
ASSOC ACCT BALANCE 0 00 N/E OFFER N

TRANS DATE	BILL MONTH	DESCRIPTION	TRANS AMOUNT	BALANCE
07/09/03		DEBIT ADJ DIST	12 75	1,217 19
07/09/03		DEBIT ADJ DIST	394 65	1,204 44
06/13/03		PAYMENT	34 97-	809 79
05/09/03	MAY	DISTRIBUTION CHARGES	19 97	844 76
05/09/03		A/R CREDIT TRANSFER	164 80-	824 79
05/09/03		CREDIT ADJ DIST	343 72-	989 59
05/08/03		DISCONNECT CHARGE	15 00	1,333 31
05/02/03	APR	DISTRIBUTION CHARGES	1,318 31	1,318 31
04/15/03		REMOVE SUCCESSION CHARG	15 00-	0 00
04/15/03		SUCCESSION CHRG METERED	15 00	15 00

PF KEYS PF13=HELP PF14=REMARKS PF15=ADJ/VIEW PF19=PRIOR PF20=NEXT PF21=CANCE

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V/ARHST        ICS VIEW ACCOUNTS RECEIVABLE HISTO - AELDC     07/14/03 13 12
COMMAND                                                                LEVEL
                                                                      OCA148
                                                                 PAGE  1 OF
3287377-9998-6  FLEMING COMPANIES INC-DIP            ACCT STA  INA    TYPE  M
                 45 S NEW YORK RD #101               SMITHVILLE             N
ACTION==> _ (A=ADJUST   V=VIEW)
SUPPLIER  CONECTIV POWER DELIVERY (       PAYMENT RATING N 0N0 000 000 000
SERVICE TYPE  ELECTRIC                    RATE SCHEDULE  MGSSECOND
S/R 26/MGS RATE CODE                      SIC 500        LLN LLNO
LAST MO BILLED 05/03                      BILL CLOSING DATE 05/05/03
ASSOC ACCT          BALANCE            0 00       N/E OFFER  N
  TRANS   BILL
  DATE    MONTH    DESCRIPTION           TRANS AMOUNT         BALANCE
-----------------------------------------------------------------------
  06/02/03     PAYMENT                        211 07-         676 89
  05/05/03 MAY DISTRIBUTION CHARGES           196 07          887 96
  05/01/03     DISCONNECT CHARGE               15 00          691 89
  04/30/03     A/R CREDIT TRANSFER            206 01-         676 89
  04/24/03 APR DISTRIBUTION CHARGES           882 90          882 90
  04/15/03     REMOVE SUCCESSION CHARG         15 00-           0 00
  04/15/03     SUCCESSION CHRG METERED         15 00           15 00


PF KEYS  PF13=HELP PF14=REMARKS PF15=ADJ/VIEW PF19=PRIOR PF20=NEXT PF21=CANCE
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