


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor <u>FLEMING COMPANIES, INC ET AL</u>		Case Number <u>03-10945 (MFU)</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>CITRIX SYSTEMS, INC</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>851 WEST CYPRESS CREEK FORT LAUDERDALE, FL 33309 ATTN: GENE TORRES Telephone number <u>954-267-2348</u></u>		
Account or other number by which creditor identifies debtor <u>C3854702</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends _____
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 _____ <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 _____ (date) to _____ (date)		
2 Date debt was incurred <u>3/17/2003</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>25,000</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)(____). *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.
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 FILED JUL 28 2003 BMC Fleming Companies Claim  01762
Date <u>7/23/03</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>Gene Torres, Credit Analyst, GENE TORRES</u>	
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.		



CITRIX SYSTEMS, INC
 851 West Cypress Creek Road
 Fort Lauderdale, FL 33309
 PH (954) 267-3000

Invoice

Information

Invoice Number 90102145
 Purchase Order No 230064
 Sales Order Number 101552
 Sold To Cust No C3854702
 Payer No C3854702
 Invoice Date 03/17/2003
 Payment Terms NET 30 Days
 Due Date 04/16/2003
 Currency USD
 Ship Via Fed Ex 2 Day
 Sales Person

Pg 1 of 1

Billing Address

Fleming Company
 Attn IT Purchasing
 5701 N Shartel Avenue
 Oklahoma City OK 73118-5949

Ship To Address

Fleming Company
 5701 N Shartel Avenue
 Oklahoma City, OK 73118-5949

Remit Payment To:

Citrix Systems, Inc
 P O Box 931686
 Atlanta, GA 31193-1686

Invoice Details

Material Description	Quantity	Unit Price	Amount	Tax
PREFERREXTEND Preferred Extend Support Agreement	1 EA	25,000 00	25,000 00	00 00 %
			\$	
			\$	25,000 00
			\$	
			\$	25,000 00

Contract Start Date 3/15/03
 Contract End Date 3/15/04

Please make payable to Citrix Systems, Inc and indicate customer number and invoice number on payment
 Pivable in USfunds