

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Fleming Companies Inc.</b>		Case Number <b>03-10945-MFW</b>
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Camco Chemical Company Inc.</b>		<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 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 <b>6601 Northway Greendale, WI 53129</b>		
Telephone number <b>(414) 325-8100</b>		
Account or other number by which creditor identifies debtor <b>Crestwood Bakery</b>		Check here <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
<b>1 Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <i>invoice #0310282</i> <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 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2 Date debt was incurred</b> <b>3-5-03</b>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <b>2,002.00</b> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 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 USC § 507(a)(6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 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 <div style="font-size: 2em; font-weight: bold; margin: 5px;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 5px;">JUL 29 2003</div> <div style="font-size: 2em; font-weight: bold; margin: 5px;">BMC</div> <div style="font-size: 0.8em; margin-top: 10px;">Fleming Companies Claim</div> <div style="font-size: 0.7em; margin-top: 2px;">01776</div>
Date <b>July 22, 2003</b>	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) <b>Brian J. Moffatt BRIAN J MOFFATT U.P.</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 USC §§ 152 and 3571		



# CAMCO Chemical Company

6601 Northway  
Greendale WI 53129  
Phone (414) 325-8100 Fax (414) 325-8110

INVOICE NO 0310282  
CUSTOMER NO mp 182734

BILL TO

Crestwood Bakery  
1710 S. 108th Street  
West Allis, WI 53214

SHIP TO

Crestwood Bakery  
1710 S. 108th Street  
West Allis, WI 53214

**PAID**  
3-31-03 577444

*Check bounced 4-8-03*

DATE		SHIP VIA		F.O.B.		TERMS	
3-5-03		our truck		delivered		NET 25 DAYS	
PURCHASE ORDER NUMBER		ORDER DATE		SHIP DATE		SALES PERSON	
Verbal-Dennis		3-4-03		3-5-03		10282	
QTY. REC.	QUANTITY SHIPPED	E.O.	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE	
1	1		Drum	Complete Plus 55 gal.	5.20/gal	\$286.00	
1	1		Tote	Special 87 2650#	5.20/gal	1,716.00	
<b>TOTAL AMOUNT DUE</b>							
3-29-03						\$2,002.00	
<b>THANK YOU FOR YOUR ORDER!</b>							

BILL OF LADING - SHORT FORM - Not Negotiable

subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading  
LIST ALL TANK NUMBERS ON BILLS OF LADING & RECEIPTS  
CARRIER (SCAC)

Shipper's No 15184

Carrier's No

At GREENDALE, WI 3/05/2003 From CAMCO CHEMICAL COMPANY, INC.

the property described below, in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined, as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern Western and Illinois Freight Classification in effect on the date hereof if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns

ON COLLECT DELIVERY SHIPMENTS THE LETTERS 'COD' MUST APPEAR BEFORE CONSIGNEE'S NAME—OR AS OTHERWISE PROVIDED IN ITEM 430, SEC. I

CONSIGNEE AND DESTINATION  
CRESTWOOD  
1710 S. 108TH STREET  
WEST ALLIS, WI 53214

Route OUR TRUCK

Delivery Address \*

(\* To be filled in only when shipper desires and governing tariffs provide for delivery thereat)

Delivering Carrier

CUST ACCT NO 010900	YOUR ORDER NO 10282	OUR ORDER NO 15184	DATE SHIPPED 3-5-2003	REP
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ORDERED	QUANTITY SHIPPED	TANK	SAFETY ORDERED	UNIT OF MEAS	HM	CONTAINER		KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS EXCEPTIONS	WEIGHT CLASS/RATE
						QUAN	CODE		
500	500			LBS	X			CAUSTIC ALKALI LIQUIDS, N.O S., (POTASSIUM HYDROXIDE, SODIUM HYPOCHLORITE), 8 UN1719, PG II CORROSIVE DOT ERG NO 154 5920 COMPLETE PLUS (LOT #49963)	530
2650	2650			LBS		1	92	5897 SPECIAL 87 (LOT #49964)	3070
<p><i>Handwritten: 3-5 (use 100 Series)</i></p>									

FILLED BY STV CHECKED OUT \_\_\_\_\_ IN \_\_\_\_\_ TOTAL WEIGHT 3600

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE - CALL 800-424-9300, 24 HOURS

NOTE—Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ Per \_\_\_\_\_  
Subject to Section 7 of the conditions if this shipment is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other tariff charges.

UNLOADING AUTHORIZATION  
Arrived \_\_\_\_\_  
Started \_\_\_\_\_  
Finished \_\_\_\_\_  
Unloading authorization shall be signed by the authorized representative of the consignee, confirming that attachment of carrier's unloading hose has been made to the proper receiving apparatus, that commodities were received in good condition, and that the amount of time carrier spent at the consignee is recorded is correct  
Signed \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Per \_\_\_\_\_ SHIPPER

MILPORT ENTERPRISES INC.  
2829 SOUTH 5TH COURT  
MILWAUKEE, WIS. 53207

PLACARDS REQUIRED

PLACARDS SUPPLIED

YES  NO - FURNISHED BY CARRIER  
DRIVER'S SIGNATURE

Agent

Per