

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
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376260
Bar Date Ref #

In re <u>Fleming Rainbow Foods</u>	Case Number <u>03-10945-MFW</u>
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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 and Address

0354653376260

MASTERS ELECTRIC ENTERPRISES INC
RICARDO DOMINGUEZ
318 SINGH
EL PASO TX 79907

☐ 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 this address differs from the address on the envelope sent to you by the court.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (915) 526-2152

CREDITOR TAX ID #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>8 747126350</u>	Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> or amends <input checked="" type="checkbox"/> Same a previously filed claim dated <u>4-19-03</u>
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1 BASIS FOR CLAIM

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Goods sold | <input type="checkbox"/> Personal injury/wrongful death | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) |
| <input checked="" type="checkbox"/> Services performed | <input type="checkbox"/> Taxes | <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) |
| <input type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly) | |

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED 1-29 thru 3-14-03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 2289.50 (unsecured) \$ _____ (secured) \$ 2289.50 (unsecured priority) \$ _____ (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ 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

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

- ☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

6 UNSECURED PRIORITY CLAIM

☒ Check this box if you have an unsecured priority claim.

Specify the priority of the claim

- ☒ 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)
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
- ☐ 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)
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
- ☒ Other: Specify applicable paragraph of 11 U.S.C. § 507(a) parts and labor

Amounts are subject to adjustment on 4/1/01 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 your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

BY MAIL TO
Bankruptcy Management Corporation
P.O. BOX 900
El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

DATE SIGNED

8-4-03

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).

Ricardo Dominguez Ricardo Dominguez

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both - 18 U.S.C. §§ 152 AND 3571

THIS SPACE FOR COURT

FILED

AUG 05 2003

BMC

Fleming Companies Claim



01994

See Other Side For Instructions

WELLS FARGO BANK EL PASO, N A
PO BOX 53470
PHOENIX, AZ 85072-3470

**WELLS
FARGO**

MASTERS ELECTRIC ENTERPRISES INC
318 SINGH ST
EL PASO, TX 799076851

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ITEMS ENCLOSED

1

PAGE 1 OF 1 ACCOUNT CHARGED 0078271822

DATE 04-07-2003

YOUR ACCOUNT HAS BEEN CHARGED FOR THE FOLLOWING ITEM(S) RETURNED UNPAID ITEM(S) MARKED WITH
AN (*) HAVE BEEN REDEPOSITED PER INSTRUCTION AND DO NOT AFFECT YOUR ACCOUNT BALANCE

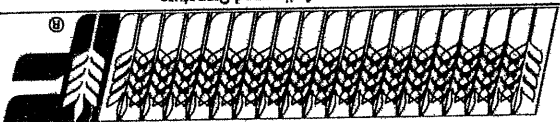
	REASON FOR NON PAYMENT	SEQUENCE #	AMOUNT
DEPOSITORY ACCOUNT# 0078271822			
	REFER TO MAKER	000600485700	70 00

TOTAL CHARGE	70 00
TOTAL FEES ASSESSED	2 00
TOTAL REDEPOSIT	0 00

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE CALL THE
PHONE NUMBER THAT IS LISTED ON YOUR BANK STATEMENT

'0002000000'

Authorized Signature



MASTERS ELECTRIC

PAY TO THE

World After 90 Days

Oklahoma City, OK 73126-8877

P O Box 268877

DBA Food-4-Less

Richmar Foods, Inc

Fleming Companies

76903 SAN ANGELO

JPMORGAN CHASE BANK

Number 8747126350

$$\begin{array}{r} 88 \ 88 \\ \hline 1113 \end{array}$$

THE BACKGROUND OF THIS DOCUMENT IS PRINTED IN COLORED INK

Fleming Companies, Richmar Foods, Inc , DBA Food-4-Less, PO Box 268877, OKC, OK 73126-8877

Remittance Advice

Vendor #	Name	No	8747126350
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5017067 MASTERS ELECTRIC Date: 03/24/2003

Store	Invoice No.	Date	Gross Amount	Ded./Discounts	Net Amount
5017067					

8921	3065	02/20/2003	70 00	0 00	70 00
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Check Total	70 00	0 00	70 00
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Case #
03-10972-MFW

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		PROOF OF CLAIM
Name of Debtor <u>Fleming</u>		Case Number <u>03-10945-MFW</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 USC § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Masters Electric Enterprises 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>Ricardo Dominguez</u> <u>318 Singh</u> <u>El Paso Tex 79907</u> Telephone number <u>(915) 256-1357</u>		
Account or other number by which creditor identifies debtor <u>8747126350</u>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 Basis for Claim <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 _____ </div> <div style="width: 50%;"> <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 _____ to _____ <div style="text-align: center;">(date) (date)</div> </div> </div>		
2 Date debt was incurred: <u>1-29 thru 3-14-03</u>		3 If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed \$ <u>2289.50</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.		
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 checked="" 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)(____) <small>*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</small>
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
Date <u>4-19-03</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>Ricardo Dominguez</u> <u>Ricardo Dominguez</u> <u>President</u>	
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		

MASTERS ELECTRIC

24 HRS

318 Singh El Paso, TX 79907
Tel (915) 859-9655 Pager (915) 577-4286

INVOICE # 242

TO El Paso

Date 3-11-08 20 08

Job Address 5200 Montoya

Contract Price \$

Amt Due \$

Notes

MASTERS ELECTRIC

24 HRS

318 Singh El Paso, TX 79907
Tel (915) 859-9655 Pager (915) 577-4286

INVOICE # 3065

TO Rainbow Foods

Date 2/20 20 08

Job Address 5200 Montoya

Contract Price \$

Amt Due \$

Notes

Replace 2 switches and
reconnect electrical
light fixture

total amount due \$70.00

MASTERS ELECTRIC

24 HRS

318 Singh El Paso, TX 79907

Tel (915) 859-9655 Pager (915) 577-4286

INVOICE #3030

TO Rainbow Foods

Date 1/29/03 20

Job Address 5200 Montana

Contract Price \$

Amt Due \$ \$1183

Notes

Motor blower assembly= \$890 +
\$ 73 tax
Labor=\$220
1183

MASTERS ELECTRIC

24 HRS

318 Singh El Paso, TX 79907

~~Tel~~ (915) 859-9655 Pager (915) 577-4286 Tel 256-7357

INVOICE #0075

TO Rainbow Foods

Date 2-3 20 03

Job Address 11320 Montwood

Contract Price \$

Amt Due \$ \$120

Notes

Check Register 5 For possible shortage
Charge Ballast on Sales
Area Lights = \$120 parts and labor

MASTERS ELECTRIC

24 HRS

318 Singh El Paso, TX 79907

Tel (915) 859-9655 Pager (915) 577-4286

INVOICE 2002

TO RAVEN

Date 3-14-03 20

Job Address 5200 Montana

Contract Price \$

Amt Due \$ 250

Notes

For 1/15/03 12' ACX

1/05-2100

107

MASTERS ELECTRIC

24 HRS

318 Singh El Paso, TX 79907

Tel (915) 859-9655 Pager (915) 577-4286

INVOICE 7630

TO RAVEN

Date 2-21-03 20

Job Address 5200 Montana

Contract Price \$

Amt Due \$ \$250.00

Notes

1/15/03 and 1/16/03 12' ACX
and 1/17/03 12' ACX