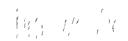
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		OOF OF CLAIM	613295			
In re		Number	Bar Date Ref # 2-NVM-79160			
NOTE This form should not be used to make a claim for an administrexpense arising after the commencement of the case A "request" for of an administrative expense may be filed pursuant to 11 U S C § 503	payment	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of				
Name of Creditor and Address		statement giving particulars				
035465361 Flavors of Hawaii Inc 945 Waimanu Honolulu HI 96814 Creditor Telephone Number 808 597-1727	13295	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 TAX I D # ACCOUNT OR OTHER NUMB		CH	aces			
990098717 CREDITOR IDENTIFIES DEBT	OR	if this claim		sly filed claim dated		
1 BASIS FOR CLAIM XXGoods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)		ntiree benefits as defined in 11 ages salaries and compensate Your social security number Unpaid compensation for se	ion (Fill out belov	w)		
2 DATE DEBT WAS INCURRED 4/03/03	3 IF C	COURT JUDGMENT, DATE O	BTAINED			
AS OF PETITION DATE \$ 580.35 (unsecured) If all or part of your claim is secured or entitled to priority, also condition to the charges in addition to the charges in the	omplete li he principa	tem 5 or 6 below I amount of the claim Attach iter	secured priority) mized statement o	\$ 580.35 (total) f all interest or additional charges		
5 SECURED CLAIM Check this box if your claim is secured by collateral (including a right of setoff)	Check	TRED PRIORITY CLAIM This box if you have an unsection	ured priority clair	n		
Brief description of collateral Real Estate	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					
☐ Motor Vehicle ☐ Other	business whichever is earlier 11 U S C § 507(a)(3) Contributions to an employee benefit plan - 11 U S C § 507(a)(4)					
Value of collateral \$	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					
Amount of arrearage and other charges at time case filed included in secured claim above if any \$	Tax	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) Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter				
	with	respect to cases commenced on or after	er the date of adjustme	ent		
7 CREDITS The amount of all payments on this claim has been cre 8 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments mortgages security agrif the documents are not available explain. If the documents are voluing DATE-STAMPED COPY To receive an acknowledgment of yadditional copy of this proof of claim.	<i>uments.</i> eements minous at	such as promissory notes pure and evidence of perfection of li tach a summary	chase orders inv ien DO NOT SE	voices itemized statements of END ORIGINAL DOCUMENTS		
The original of this completed proof of claim form must be sent to so that it is received on or before 4 00 p m, September 15, 2003,			ACCEPTED)	THIS SPACE FOR COURT USE ONLY		
BY MAIL TO Bankruptcy Management Corporation P O BOX 900 El Segundo, CA 90245-0900	Bankı 1330 El Se	ND OR OVERNIGHT DELIVERY 1 ruptcy Management Corpor East Franklin Avenue gundo, CA 90245		FILED AUG 0 8 2003		
file this claim (attach copy of power of at	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) ALEXANDER C.K. LEE, PRESIDENT C					
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonments		5 years or both 18 USC §§ 1	52 AND 3571	Fleming Companies Claim		



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04/00/00

FLAVORS OF HAWAII, INC.

Manufacturers of Coconut Syrup and Flavors 945 Waimanu Street HONOLULU, HI 96814

Phone (808) 597 1727 / (808) 597-1728

Fax (808) 597-1727

SOLD TO

FLLMING FOURS INC AJ- IT HAILID THEFT 11 AWAH HOMA II 11 711

SHIP TO

FLEMING FOOL 41 313 HAMUM VIRFLI FWA RENCH HAWAII 4010,

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